



# FAMILY INDEPENDENCE ADMINISTRATION

Matthew Brune, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner  
Policy, Procedures, and Training

Stephen Fisher, Acting Assistant Deputy Commissioner  
Office of Procedures

## POLICY BULLETIN #11-19-OPE

### REVISION OF FORMS W-607C, W-607E, W-607N, W-700AA, AND W-708

<b>Date:</b> February 25, 2011	<b>Subtopic(s):</b> Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center and Non Cash Assistance Food Stamp (NCA FS) Center staff that the following forms have been reformatted and revised to reflect the Agency's most current terminology and logo:</p> <ul style="list-style-type: none"> <li>• Daily Report of Application Activity on Codes 30, 44, and 52 (Form <b>W-607C</b>)</li> <li>• Monthly Report of Application Activity (Codes 30, 44, 52) (Form <b>W-607E</b>)</li> <li>• Weekly Report of Application Activity on Codes 30, 44, and 52 (Form <b>W-607N</b>)</li> <li>• Non Cash Assistance Food Stamp (NCA FS) Application Control Log (Form <b>W-700AA</b>)</li> <li>• Control of Assignments/Referrals: Subject (Form <b>W-708</b>)</li> </ul> <p>These forms are used for the manual processing of case actions when POS is not available.</p> <p>Job Center Directors and NCA FS Center Managers must ensure that all previous versions of the forms are removed from circulation and recycled.</p> <p>Samples of the revised forms are attached.</p> <p><i>Effective Immediately</i></p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
 Call 718-557-1313 then press 3 at the prompt followed by 1 or  
 send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

☞ Please use Print on Demand to obtain copies of forms.

**Attachments:**

- W-607C** Daily Report of Application Activity on Codes 30, 44, and 52 (Rev. 2/25/11)
- W-607E** Monthly Report of Application Activity (Codes 30, 44, 52) (Rev. 2/25/11)
- W-607N** Weekly Report of Application Activity on Codes 30, 44, and 52 (Rev. 2/25/11)
- W-700AA** Non Cash Assistance Food Stamp (NCA FS) Application Control Log (Rev. 2/25/11)
- W-708** Control of Assignments/Referrals: Subject (Rev. 2/25/11)

### Daily Report of Application Activity on Codes 30, 44, and 52

Job Center: \_\_\_\_\_

Total No. of Applications pre-screened: \_\_\_\_\_

Date: \_\_\_\_\_

Total No. of Applications indicating "No Food": \_\_\_\_\_

Case No.	Case Name	CAT	Suf.	"E" Special Grants					Disposition		
				Code 44 (Immediate needs)		Code 52 (Expedited Food Stamps Authorized) "No Food" Indicated	Code 30 (Excess Rent)		Case Acc.	Case Rej.	*Code 44 Denial Reason
				Total No. of grants issued	Total amount of grants issued		Total No. of grants issued	Total amount of grants issued			
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
7.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
8.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
9.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
10.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
11.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
12.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
13.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
14.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
15.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
16.						<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTALS:</b>											

SAMPLE

\* Code 44 Denial Reason:  
 A= Food Stamps Received  
 B= Household has food  
 C=Lives with someone who will assist  
 D= No identification  
 E= Other (Explain in denial reason column above)

Supervisor's Signature/Date: \_\_\_\_\_

Date: \_\_\_\_\_

To: **OPPA Statistics**  
**180 Water Street**  
**New York, NY 10038**

From: \_\_\_\_\_, Director

Job Center: \_\_\_\_\_

Subject: **Monthly Report of Application Activity (Codes 30, 44, 52)** Month Ending: \_\_\_\_\_

SAMPLE

Total Number of Applications Pre-screened	Total Number of Applications Indicating "No Food"	Number of Code 44 Authorizations		Dollar Value of Code 44 Authorizations		Number of Code 52 Expedited Food Stamp Authorizations where "No Food" was Indicated on the Application		Number of Code 30 Excess Rent Authorizations		Dollar Value of Code 30 Excess Rent Authorizations	
		FA	SN	FA	SN	FA	SN	FA	SN	FA	SN
				\$	\$					\$	\$

\_\_\_\_\_  
Signature Control Clerk Date

\_\_\_\_\_  
Signature AA to Director Date

### Weekly Report of Application Activity on Codes 30, 44, and 52

Job Center: \_\_\_\_\_

Week Ending: \_\_\_\_\_

Date: \_\_\_\_\_

SAMPLE

Days of the week	Number of Applications Pre-screened	Number of Applications Indicating "No Food"	Number of Code 44 Authorizations		Dollar Value of Code 44 Authorizations		Number of Code 52 Expedited Food Stamp Authorizations Where "No Food" was Indicated on the Application		Number of Code 30 Excess Rent Authorizations		Dollar Value of Code 30 Excess Rent Authorizations	
			FA	SN	FA	SN	FA	SN	FA	SN	FA	SN
Monday					\$	\$					\$	\$
Tuesday					\$	\$					\$	\$
Wednesday					\$	\$					\$	\$
Thursday					\$	\$					\$	\$
Friday					\$	\$					\$	\$
<b>Weekly Totals</b>					\$	\$					\$	\$

\_\_\_\_\_  
Signature Control Clerk

\_\_\_\_\_  
Signature AA to Director

### Non Cash Assistance Food Stamp (NCA FS) Application Control Log

Case Name (Last, First)	Date Application Received	Current Appointment (Date and Time)	Preferred Appointment Time	New Appointment Time	Extended Center Hours and Location	Originating Center	Action Taken	Referral	
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No
								<input type="checkbox"/> Yes	<input type="checkbox"/> No

SAMPLE

