

FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #06-52-OPE

REVISIONS TO M-3G AND W-533G

| Date: April 7, 2006 | Subtopic(s): Forms |
|---|--|
| ☐ This procedure can now be accessed on the FIAweb. | This policy bulletin is to inform Job Center staff that the Notice to Report to Job Center/NPA Food Stamp Office (M-3g) and the Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCare) Nonmedical Referral for Mandatory Services (W-533G) forms have been revised. They have been reformatted in order to accommodate their use for batch call-in mailings by Management Information Systems (MIS). |
| | Additional changes: |
| | M-3g |
| | The "LLF" designation has been added to the header, indicating that the form meets Local Law 73 requirements. In the upper right section, lines for expiration date, Infra date and action code have been removed, the line labeled "Center" was changed to "Center/NPA Food Stamp Office." The title of the form has been changed to "Notice to Report to Job Center/NPA Food Stamp Site." The salutation "Dear Applicant/Participant" has been removed. The "Day" field has been removed from the appointment section. The lines for free text were removed and replaced with two boxes, "To discuss" and "Other." The "To discuss" box can be filled with one of the nine snippets from the Paperless Office System (POS) selections. The "Other" box provides space for the Worker to write free text when none of the nine snippets in POS are appropriate. The text "Please bring this letter and the following documents when you report" has been changed to "If any required documentation is listed below, it must be brought in together with this letter." The lines for writing free text have been removed and replaced with a box labeled "Document." |

HAVE QUESTIONS ABOUT THIS PROCEDURE? Call 718-557-1313 then press 2 at the prompt followed by 765 or send an e-mail to *FIA Call Center*

- The text "If you are unable to keep this appointment, please call"
 has been changed to "If you have any questions or are unable to
 keep this appointment, please call the telephone number above.
 You must contact us prior to your reporting time to arrange a new
 appointment."
- Below that statement two check boxes were created to specify whether the eligibility appointment is mandatory or nonmandatory.
- The Worker signature field has been removed.

W-533G

- The "Day" field has been removed from the appointment section.
- At the end of the form a new box was added for language indicating when failure to keep the appointment would result in either a case denial, closing or reduction in benefits.

Samples of the revised forms are attached.

Center Directors must ensure that all previous versions of the **M-3g** and **W-533G** forms are removed from circulation and recycled.

Effective Immediately

Related Items:

PB #03-40-ELI PD #05-07-ELI

Attachments:

| | Please | use | Print | on |
|------|---------|------|--------|-----|
| De | mand to | obta | in cop | ies |
| of t | forms | | | |

| M-3g | Notice to Report to Job Center/NPA Food Stamp |
|------|---|
|------|---|

Site (Rev. 4/7/06)

M-3g (S) Notice to Report to Job Center/NPA Food Stamp

Site (Spanish) (Rev. 4/7/06)

W- 533G Wellness, Comprehensive Assessment,

Rehabilitation and Employment (WeCare) Nonmedical Referral for Mandatory Services

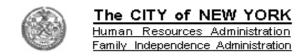
(Rev. 4/7/06)

W- 533G (S) Wellness, Comprehensive Assessment,

Rehabilitation and Employment (WeCare) Nonmedical Referral for Mandatory Services

(Spanish) (Rev. 4/7/06)

Form M-3g LLF Rev. 4/7/06

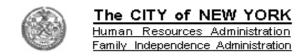


| Date: | |
|--------------------|--|
| Case Number: | |
| Case Name: | |
| Telephone Number: | |
| Center/NPA | |
| Food Stamp Office: | |

Notice to Report to Job Center/NPA Food Stamp Office

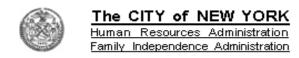
| Please report to: |
|--|
| City: On: Appointment Date: Telephone: Telephone: |
| To discuss: |
| |
| |
| Other: |
| |
| If any required documentation is listed below, it must be brought in together with this letter. |
| Document: |
| |
| If you have any questions or are unable to keep this appointment, please call the telephone number above. You must contact us prior to your reporting time to arrange a new appointment. |
| This is a mandatory eligibility appointment. Failure to keep this appointment or contact us may make you ineligible for public assistance or may reduce your benefits for a specific period of time. |
| This is a nonmandatory eligibility appointment. |

Form M-3g (S) LLF Rev. 4/7/06



| Aviso para Presentarse al Centro de Trabajo/Oficina de Cupones para Alimentos NPA |
|---|
| Favor de reportarse a: |
| Dirección: Ciudad: Estado: Código Postal: Para tratar: |
| |
| Otro: |
| |
| Si alguna documentación es indicada más abajo, tiene que traer la misma junto a esta carta. |
| Documento: |
| |
| Si tiene alguna pregunta o si no puede cumplir esta cita, favor de llamar al número de teléfono más arriba. Usted tiene que comunicarse con nosotros antes de la hora programada para fijar una nueva cita. |
| Esta es una cita obligatoria para elegibilidad. El incumplimiento de esta cita o el no comunicarse con nosotros puede hacerle inelegible para asistencia pública o que se le reduzcan sus beneficios por un período de tiempo específico. |
| Esta es una cita de elegibilidad no obligatoria. |

Form W-533G (page 1) LLF Rev. 4/7/06



| Date: _ | |
|----------------|--|
| Case Number: _ | |
| Case Name: _ | |
| Case Type: _ | |
| Center: _ | |
| Action Code: _ | |

Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE)

| Based on the outcome of omay have provided, the mo | Nonmedical Referral for Mandatory Services our medical assessment, which includes any independent medical information that edical provider has determined that: | you |
|--|--|------|
| Location: _ | Time: Telephone: | |
| - City: _ Travel Directions: [| State:Zip: | |
| This is a mandatory alig | ibility appointment. You must report for the appointment with the WeCARE prov | ider |
| | ase report to this appointment on time or you may not be seen. | idei |

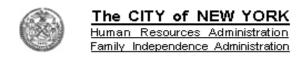
Please bring with you:

- This letter
- A photo ID/Medicaid card

If you cannot keep this appointment or need special accommodations, please call for assistance before your scheduled appointment time. You may have someone accompany you to this appointment if you require assistance. All WeCARE facilities are handicapped-accessible.



Form W-533G (S) (page 1) LLF Rev. 4/7/06



| Fecha: | |
|-------------------|--|
| Número del Caso: | |
| Nombre del Caso: | |
| Tipo de Caso: | |
| Centro: | |
| Código de Acción: | |
| | |
| | |

| Envío No Médico d | e Bienestar, Evaluación Completa, Rehabilitación y Empleo (WeCare) para Servicios Obligatorios |
|--|---|
| Según los resultados de nues usted haya proporcionado, el | etra evaluación médica, la cual puede incluir datos médicos independientes que proveedor de alención médica ha llegado a la conclusión de que: |
| | |
| Fecha de la Cita: | Hora: Teléfono: |
| Local: | |
| Dirección: | |
| Ciudad: | Estado: Zip: |
| Indicaciones de Viaje: | |
| | de elegibilidad. Usted debe acudir a la cita con nuestro proveedor de WeCARE Por favor preséntese a esta cita a tiempo de lo contrario puede que no se le |
| | |

Favor de traer con usted:

- Esta carta
- Una tarjeta de identificación con foto/de Medicaid

Si usted no puede acudir a esta cita, o necesita que se hagan arreglos específicos, por favor llame a ______ para recibir ayuda antes de su cita programada. Usted puede venir acompañado a esta cita si requiere de ayuda. Todos los locales de WeCARE están dotados de acceso para incapacitados.

