



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
<p> This procedure can now be accessed on the FIAweb.</p>	<p>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).</p> <p>Additional changes:</p> <p>M-3g</p> <ul style="list-style-type: none"> • 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:

- 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)

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



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:

Location Name: _____
Address: _____
City: _____ State: _____ Zip: _____
On: Appointment Date: _____ Time: _____ Telephone: _____

SAMPLE

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.



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Número de Teléfono: _____
Centro/Oficina de
Cupones para
Alimentos NPA: _____

Aviso para Presentarse al Centro de Trabajo/Oficina de Cupones para Alimentos NPA

Favor de reportarse a:

Local: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____
El: _____ Fecha de la Cita: _____ Hora: _____ Teléfono: _____

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.



Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Center: _____
Action Code: _____

**Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE)
Nonmedical Referral for Mandatory Services**

Based on the outcome of our medical assessment, which includes any independent medical information that you may have provided, the medical provider has determined that:

SAMPLE

Appointment Date: _____ Time: _____ Telephone: _____

Location: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

This is a mandatory eligibility appointment. You must report for the appointment with the WeCARE provider indicated on this form. Please report to this appointment on time or you may not be seen.

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.

SAMPLE



Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Tipo de Caso: _____
Centro: _____
Código de Acción: _____

Envío No Médico de Bienestar, Evaluación Completa, Rehabilitación y Empleo (WeCare) para Servicios Obligatorios

Según los resultados de nuestra evaluación médica, la cual puede incluir datos médicos independientes que usted haya proporcionado, el proveedor de atención médica ha llegado a la conclusión de que:

SAMPLE

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Zip: _____

Indicaciones de Viaje:

Esta es una cita obligatoria de elegibilidad. Usted debe acudir a la cita con nuestro proveedor de WeCARE que se indica en este aviso. Por favor preséntese a esta cita a tiempo de lo contrario puede que no se le atienda.

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.

SAMPLE