



FAMILY INDEPENDENCE ADMINISTRATION


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POLICY BULLETIN #08-24-OPE REVISIONS TO FORMS M-15 AND W-515

| Date: February 28, 2008 | Subtopic(s): Forms |
|--|---|
| <p> This procedure can now be accessed on the FIAweb.</p> | <p>The purpose of this policy bulletin is to inform all Job Center staff that the following forms have been revised to conform to the Agency’s formatting requirements, and have received minor updates to reflect current Agency terminology:</p> <ul style="list-style-type: none"> • Inquiry Regarding Veterans’ Benefits/Allotment (M-15) • General Release (W-515) <p>General updates to forms M-15 and W-515 are as follows:</p> <ul style="list-style-type: none"> • The logo has been updated • The term “Income Support” has been removed where appropriate <p>Additional revisions to form M-15:</p> <ul style="list-style-type: none"> • The partially pre-printed addresses have been removed • Form M-966a is obsolete and therefore removed from the form • Instructions to scan form into electronic file were added • “Eligibility Specialist” has been replaced by “Worker” <p>Additional revisions to form W-515:</p> <ul style="list-style-type: none"> • The form number has been moved to the top left-hand corner • The salutation has been removed • The form has been reformatted as a one-page form instead of two forms per page • The LLF designation has been added to the header indicating the form meets Local Law 73 requirements • A Spanish language version of the form has been created |

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*

Center Directors must ensure that all previous versions of these forms are removed from circulation and recycled.

Effective Immediately

Attachments:

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

- M-15** Inquiry Regarding Veteran's Benefits/Allotment (Rev. 2/28/08)
- W-515** General Release (Rev. 2/28/08)
- W-515 (S)** General Release (Spanish) (Rev. 2/28/08)

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

Inquiry Regarding Veterans' Benefits and Servicemen's Allotments

Identifying Information

| | |
|--|--|
| Relationship to Veteran (i.e., Self, Wife, Widow, etc.): | |
| Claim Number: | |
| Name: | |
| Birth Date: (Last Name) | Birth Place: (First Name) |
| Serial Number: | |
| Social Security Number: | |
| Branch of Service: | Rank: |
| Date of Enlistment: | Date of Discharge: |
| If Veteran is Deceased, Date of Death: | Place: |
| Present Address: | |
| Previous Address: | |
| Maiden Name of Veteran's Wife, if Applicable: | |

Information Requested from Veterans Administration Regarding Benefits Checked Below:

- Compensation or pension (for disability or death).
- Education and training allowance (if known to be attending school).
- *Insurance (attached is authorization, form **W-515**, signed by Widow or other survivor or by the Veteran).
- *Medical care or exam report (no clearance without claim number; attached is authorization, form **W-515**, signed by Veteran).

Information Requested from Armed Forces Regarding:

- *Servicemen's Allotments (no clearance without serial number).

Remarks (include pertinent benefit information appearing on Veterans Administration Correspondence):

*The Worker must prepare a separate **M-15** form for each of the items listed on the previous page (if more than one item applies, check only one box per form). In addition, each form must be scanned into the electronic file.

Worker's Signature _____ Caseload _____

Report from Veterans Administration (Please fill in the information requested below):

The above-named Veteran or Widow is currently receiving monthly benefits of \$ _____ for _____ percent disability compensation or pension. If award was recently taped, please give date _____ and effective date of payments _____. If award is apportioned, list payment to Veteran, \$ _____, and payment to dependent, \$ _____.

Comments:

Signature _____ Date _____ Telephone Number _____

SAMPLE

Date: _____

To: _____

General Release

Please consider this letter as your authorization to furnish the Human Resources Administration with the information requested on the attached form(s) regarding:

Applicant/Participant Address: _____

SAMPLE

City: _____ State: _____ Zip: _____

Applicant/Participant Signature: _____

