



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #08-55-OPE

REVISIONS TO THE DOCUMENTATION REQUIREMENTS AND/OR ASSESSMENT FOLLOW-UP FORM (W-113K)

Date: June 2, 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 Documentation Requirements and/or Assessment Follow-up Form (W-113K) has been revised as follows:</p> <p>Revisions to the “Forms Reminder” Section:</p> <ul style="list-style-type: none"> • The SSI Referral and Certification of Contact Form (LDSS-2474) has been added. • The Verification of Employment Form (M-30t) has been removed. This form was previously used for disclosing potential fraud regarding employment. This is now handled through an online referral to the Bureau of Fraud Investigation (BFI). • The Social Security Number Verification Form (W-133D) has been removed. Social Security number validations can be obtained via the Welfare Management Systems (WMS). <p>Revisions to page 2:</p> <ul style="list-style-type: none"> • Two additional boxes have been added for names of household members who must report to the Job Center in person. <p><i>Effective Immediately</i></p> <p>Related Item:</p> <ul style="list-style-type: none"> • PD #07-03-OPE

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*

Attachments:

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

- LDSS-2474** SSI Referral and Certification of Contact (Rev. 4/08)
- W-113K** Documentation Requirements and/or Assessment Follow-up (Rev. 6/2/08)
- W-113K (S)** Documentation Requirements and/or Assessment Follow-up (Rev. 6/2/08) (Spanish)

SSI REFERRAL AND CERTIFICATION OF CONTACT

SECTION I: CLIENT IDENTIFICATION INFORMATION

CLIENT'S NAME		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH Mo. Day Year			SOCIAL SECURITY NUMBER _ _ _ _ _ _ _ _ _ _ _ _		
ADDRESS <input type="checkbox"/> New					TELEPHONE NUMBER ()			
ALSO KNOWN AS:	OTHER SSN's:	DATE OF MOST RECENT TEMPORARY ASSISTANCE APPLICATION OR RECERTIFICATION:			Mo.	Day	Year	
APPLICANT FOR OR RECIPIENT OF <input type="checkbox"/> Family Assistance <input type="checkbox"/> Safety Net Assistance <input type="checkbox"/> DSS Case Number _____ <input type="checkbox"/> DSS CIN _____								

SECTION II: REFERRAL

<p>DSS INITIATED REFERRAL FOR:</p> <input type="checkbox"/> SSI Initial Application <input type="checkbox"/> SSI Appeal <input type="checkbox"/> Other (explain): _____ _____ _____	<p>SSA INITIATED REFERRAL FOR:</p> <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Temporary Assistance <input type="checkbox"/> Food Stamp Benefits <input type="checkbox"/> Social Services (explain) <input type="checkbox"/> Emergency needs (explain) <input type="checkbox"/> Other (explain) (Reason for Referral) _____ _____ _____
<p>MEDICAL IMPAIRMENT RELATED DOCUMENTATION</p> Describe Alleged Impairment _____ _____ _____ <input type="checkbox"/> Description and Documentation of Inability or Restriction on Working Attached <input type="checkbox"/> Medical Documentation Attached <input type="checkbox"/> Social History and Assessment Attached	
REFERRING AGENCY	NAME OF WORKER
AGENCY ADDRESS	SIGNATURE
	DATE Mo. Day Year
	TELEPHONE NUMBER ()

SECTION III: CERTIFICATION OF SSA CONTACT

<p>SSA ACTION</p> <input type="checkbox"/> Initial Application Filed for <input type="checkbox"/> SSI <input type="checkbox"/> RSDI <input type="checkbox"/> Appeal Filed for <input type="checkbox"/> SSI <input type="checkbox"/> RSDI <input type="checkbox"/> No application or appeal taken, or <input type="checkbox"/> case denied because _____ _____ <input type="checkbox"/> Other (explain): _____	<p>Date of Client Contact</p> Mo. Day Year
SSA OFFICE	NAME OF WORKER
SSA OFFICE ADDRESS	SIGNATURE
	DATE Mo. Day Year
	TELEPHONE NUMBER ()

SECTION IV: CERTIFICATION and RELEASE AUTHORIZATION

This is to certify that this referral is made with my knowledge and approval. I authorize release of the information contained in this referral, including documentation and medical information from my temporary assistance ***and medical assistance*** (DRAW LINE THROUGH *and medical assistance* IF YOU WISH TO DELETE FROM AUTHORIZATION) case records, for the purpose of determining my eligibility for benefits administered by the Social Security Administration, including SSI State Supplement. I wish to protect my rights to any such benefits for which I may be eligible. I understand that my refusal to sign this release will make me ineligible for Temporary Assistance. However, I understand that my authorization for release of medical information from my Medical Assistance case record is completely voluntary and refusal will not affect my eligibility for Medical Assistance.

SIGNATURE OF APPLICANT	DATE Mo. Day Year
If another person is acting on applicant's behalf, show relationship:	

Date: _____
Case Number: _____
Case Name: _____
Center Number: _____
Food Stamp Filing Date: _____
Subject: _____

Documentation Requirements and/or Assessment Follow-Up

In order to make a determination of or maintain your current eligibility for Cash Assistance (CA), Food Stamps (FS), and/or Medical Assistance (MA), you must provide the documents and/or information indicated below, together with this form, by the due date. If you cannot get the required documents/information by the due date, contact your Worker and ask for an extension. If you cannot get the required documents/information at all, contact your Worker immediately, as he/she may assist you in obtaining the required documents/information. The **W-119D**, which lists the common documents that may be used to verify the eligibility factors, is attached.

Due Date: _____ Must see Worker upon return.

Forms Reminder (Please return the following Agency form(s), completed and signed where necessary.)

<input type="checkbox"/> LDSS-2474 SSI Referral and Certification of Contact <input type="checkbox"/> M-15 Inquiry Regarding Veteran's Benefits/Assignment <input type="checkbox"/> W-146E Request to Pay Rent Arrears in Excess of PA Maximum Shelter Allowance <input type="checkbox"/> W-146W Verification of Tenant's Rent in Section 8 Housing <input type="checkbox"/> W-147CC Certification of Move Statement <input type="checkbox"/> W-147M Landlord's Statement (Regarding Broker's Fee) <input type="checkbox"/> W-147Q Primary Tenant's Statement Regarding Occupancy of Secondary Tenant	<input type="checkbox"/> W-274U Attestation of Employment as an Informal Child Care Provider <input type="checkbox"/> W-299 Notice to Applicants and Participants Regarding Third Party Health Insurance <input type="checkbox"/> W-451 NYPD – New York Police Department Report/Referral <input type="checkbox"/> W-582A Family Care Assessment <input type="checkbox"/> W-700E School Attendance Verification Letter
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CA Appointment Reminder

<input type="checkbox"/> BEV – Bureau of Eligibility Verification Appointment <input type="checkbox"/> OCSE – Office of Child Support Enforcement Appointment <input type="checkbox"/> Skills Assessment/Job Placement (Back to Work) Vendor Appointment	<input type="checkbox"/> SACC – Substance Abuse Case Control Appointment <input type="checkbox"/> WeCARE – Wellness, Comprehensive Assessment, Rehabilitation and Employment Medical Provider Appointment <input type="checkbox"/> ACS – Administration for Children's Services Appointment
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Note: For FS, copies of documents are acceptable whenever proof of eligibility is presented. For CA and MA, original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

The following household member(s) must return in person for the reason indicated below:

Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the Cash Assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the Cash Assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the Cash Assistance application
Name of Household Member	<input type="checkbox"/> To be finger-imaged	<input type="checkbox"/> For an employability assessment	<input type="checkbox"/> To sign the Cash Assistance application

Outstanding documentation – see the **W-119D** for a list of documents that can be used to verify the outstanding Eligibility Factors.

Name	Eligibility Factor
S	
A	
M	
P	
L	
E	

If this notice does not indicate that you (case head) must see the Worker upon return, you may submit any required documents/information by mail. However, it remains your responsibility to ensure that the required information reaches the Agency by the prescribed deadline.

FAILURE TO SUBMIT VERIFICATION/DOCUMENTATION OR CONTACT US ON OR BEFORE THE DUE DATE MAY MAKE YOU INELIGIBLE FOR CASH ASSISTANCE AND/OR FOOD STAMPS, OR MAY CAUSE A REDUCTION IN YOUR CASH ASSISTANCE AND/OR FOOD STAMP BENEFITS FOR A SPECIFIC PERIOD OF TIME.

Note: For FS, copies of documents are acceptable whenever proof of eligibility is presented. For CA and MA, original documents are needed to verify identity and citizenship/alien status. Copies of documents for all Eligibility Factors other than identity and citizenship/alien status are acceptable.

Applicant's/Participant's Signature

Date

Worker's Signature

Date

Worker's Telephone Number

Fecha: _____
 Número del Caso: _____
 Nombre del Caso: _____
 Número del Centro: _____
 Fecha de Registro de
 Cupones para Alimentos: _____
 Tema: _____

Requisitos Documentales y/o Seguimiento de Evaluación

Para llegar a una determinación de su actual estado de elegibilidad de Asistencia en efectivo, Cupones para Alimentos y/o Asistencia Médica, usted debe proporcionar los documentos y/o datos indicados más abajo, junto con el presente formulario, a más tardar en la fecha de presentación. Si no puede conseguir los documentos/datos necesarios para dicha fecha, comuníquese con su Trabajador y pida una extensión. Si le es imposible conseguir los documentos/datos necesarios comuníquese con su Trabajador de inmediato, puesto que éste puede ayudarle a obtener los documentos/datos necesarios. El **W-119D (S)**, que lista los documentos comunes que pueden servir para comprobar los factores de elegibilidad, se encuentra adjunto.

Fecha de Presentación: _____ Tiene que reunirse con el Trabajador al regresar.

Recordatorio de Formularios (Favor de devolver el/los siguiente(s) formulario(s) de la Agencia, llenado(s) y firmado(s) si necesario.)

<input type="checkbox"/> LDSS-2474 SSI Referral and Certification of Contact <input type="checkbox"/> M-15 Inquiry Regarding Veteran's Benefits/Allotment <input type="checkbox"/> W-146E (S) Solicitud para Pagar Alquiler Atrasado que Exceda la Asignación Máxima de Asistencia Pública para Refugio <input type="checkbox"/> W-146W Verification of Tenant's Rent in Section 8 Housing <input type="checkbox"/> W-147CC (S) Certificación Respecto a Declaración de Mudanza <input type="checkbox"/> W-147M Landlord's Statement (Regarding Broker's Fee)	<input type="checkbox"/> W-147Q (S) Declaración del Inquilino Principal con Respecto a la Ocupación del Inquilino Secundario <input type="checkbox"/> W-274U (S) Atestación de Empleo como Proveedor de Cuidado Infantil Informal <input type="checkbox"/> W-299 (S) Aviso a Solicitantes y Participantes con Respecto a Seguros de Salud de Tercera Persona <input type="checkbox"/> W-451 NYPD – New York Police Department Report/Referral <input type="checkbox"/> W-582A (S) Evaluación de Cuidado Familiar <input type="checkbox"/> W-700E School Attendance Verification Letter
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Recordatorio de Cita de Asistencia en Efectivo

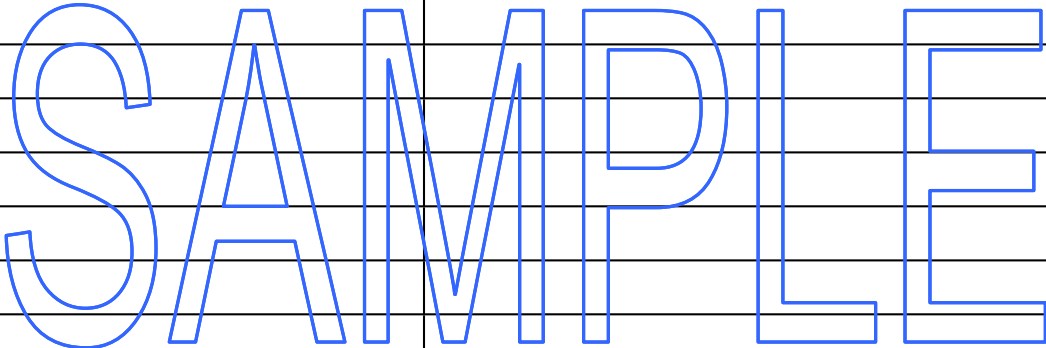
<input type="checkbox"/> BEV – (Bureau of Eligibility Verification) Cita en la Oficina de Verificación de Elegibilidad <input type="checkbox"/> OCSE – (Office of Child Support Enforcement) Cita en la Oficina de Aplicación de Manutención de Niños <input type="checkbox"/> Cita con el Contratista de Regreso al Trabajo (Back to Work) de Evaluación de Habilidades/Colocación	<input type="checkbox"/> SACC – (Substance Abuse Case Control) Cita de Control de Caso de Abuso de Sustancias <input type="checkbox"/> WeCARE – (Wellness, Comprehensive Assessment, Rehabilitation and Employment) Cita con el Proveedor Médico de Bienestar, Evaluación Total, Rehabilitación y Empleo <input type="checkbox"/> ACS – (Administration for Children's Services) Cita en la Agencia de Servicios al Niño
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Nota: Se pueden aceptar fotocopias de documentos para Cupones para Alimentos, siempre y cuando se presente prueba de elegibilidad. Para Asistencia en Efectivo y Asistencia Médica, los documentos usados para comprobar la identidad y el estado de ciudadanía/extranjero tienen que ser originales. Fotocopias de documentos son aceptadas para todos los otros Factores de Elegibilidad, con la excepción de identidad y del estado de ciudadanía/extranjero.

El/los siguiente(s) miembro(s) del hogar tiene(n) que regresar en persona por la razón indicada más abajo:

Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de Asistencia en Efectivo
Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de Asistencia en Efectivo
Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de Asistencia en Efectivo
Nombre del Miembro del Hogar	<input type="checkbox"/> Para que se le tomen imágenes digitales	<input type="checkbox"/> Para una evaluación de empleabilidad	<input type="checkbox"/> Para firmar la solicitud de Asistencia en Efectivo

Documentación pendiente – vea el **W-119D (S)** para una lista de documentos que pueden usarse para verificar los Factores de Elegibilidad pendiente.

Nombre	Factor de Elegibilidad
	

Si este aviso no indica que usted (jefe del caso) tiene que reunirse con su Trabajador al regresar, puede enviar los documentos/información por correo. Sin embargo, sigue siendo su responsabilidad que la información requerida llegue a la Agencia a más tardar para la fecha de entrega.

EL NO PRESENTAR VERIFICACIÓN/DOCUMENTACIÓN O NO COMUNICARSE CON NOSOTROS A MÁS TARDAR EN LA FECHA DE PRESENTACIÓN PUEDE RESULTAR EN LA PÉRDIDA DE SU ELEGIBILIDAD RESPECTO A ASISTENCIA EN EFECTIVO Y/O CUPONES PARA ALIMENTOS, O PUEDE CAUSARLE UNA REDUCCIÓN EN SUS BENEFICIOS DE ASISTENCIA EN EFECTIVO Y/O BENEFICIOS DE CUPONES PARA ALIMENTOS DURANTE UN PERÍODO DE TIEMPO ESPECÍFICO.

Nota: Se pueden aceptar fotocopias de documentos para Cupones para Alimentos, siempre y cuando se presente prueba de elegibilidad. Para Asistencia en Efectivo y Asistencia Médica, los documentos usados para comprobar la identidad y el estado de ciudadanía/extranjero tienen que ser originales. Fotocopias de documentos son aceptadas para todos los otros Factores de Elegibilidad, con la excepción de identidad y del estado de ciudadanía/extranjero.

Firma del Solicitante/Participante

Fecha

Firma del Trabajador

Fecha

Número de Teléfono del Trabajador