



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #08-78-OPE

**REVISIONS TO THE TRAINING ASSESSMENT GROUP (TAG) APPOINTMENT LETTERS
(W-507, W-507A AND W-507HH)**

<p>Date: July 1, 2008</p>	<p>Subtopic(s): Forms</p>
<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 Training Assessment Group (TAG) Appointment Letters have been revised:</p> <ul style="list-style-type: none"> • Mandatory Training Assessment Group Appointment (W-507). • Notice of Applicant Self-Enrollment In Training/Education Program (W-507A). • Notice of Appointment for Unapproved Training/Education Program Review (W-507HH). <p>Additional revisions to Form W-507:</p> <ul style="list-style-type: none"> • The logo has been updated. • “Public Assistance” has been changed to “Cash Assistance” throughout the form. • In the second paragraph the amount of time that the process will take has been changed from four (4) to three (3) hours. In addition, the following text has been deleted: “testing of your skills and the assessment interviewing” and “Your focus and concentration are important in order for you to test well.”

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*

- Paragraphs 3 through 5 were replaced with the following text:

“Please have the school complete the enclosed FIA School/Training Enrollment Letter (**W-700D**) and bring a bursar’s, or registrar’s receipt with you when you report for the appointment. High school students must bring in proof of enrollment on a Board of Education form. Noncompliance with the requirements may result in the disapproval of your request.

If you are currently enrolled in an education program in your first or second term you will need to provide your Grade Point Average (GPA). If you are participating in a Federal Work Study (FWS) program you must bring your FWS Award Letter. Those seeking a training program for the first time should bring in the following documentation:

- GED (General Equivalency Diploma);
- CPAT (Career Programs Assessment Placement Test);”

- The box for “Other documentation you must bring to your next appointment” was removed.
- The second to the last paragraph has been rewritten as follows:

“If you are unable to keep this appointment because of an emergency, call (212) 896-5680 before your reporting time to arrange for a new appointment. If you need to come in before your scheduled appointment date, call (212) 896-5680 to determine if we can accommodate you at an earlier appointment date.”

Revisions to Form **W-507A**:

- The logo has been updated.
- “Public Assistance” has been changed to “Cash Assistance” throughout the form.
- The form now consists of five paragraphs, the third of which was revised as follows:

“Please bring to the appointment the completed FIA School Training Enrollment Letter (**W-700D**) and a bursar’s or registrar’s receipt. In addition, you are required to bring one of the following documents

GED and CPAT were Defined.

Form W-700D has been revised with a new logo and new agency terminology

- a high school diploma, or
- proof of General Equivalency Diploma (GED), or
- a college degree, or
- Career Programs Assessment Test (CPAT) and proof of Grade Point Average (GPA).

If you are participating in the Federal Work Study (FWS) program you must bring in your FWS Award letter.”

- In the second paragraph, the word “will” is replaced with “may” and in the fourth paragraph, the word “unapproved” is replaced with “disapproved.”

Revisions to Form **W-507HH**:

- The logo has been updated.
- “Public Assistance” has been changed to “Cash Assistance” throughout the form.
- The word “unapproved” has been changed to “disapproved” within the title of the form.
- In the second paragraph the word “will” is replaced with “may” and the word “unapproved” is replaced with “disapproved.”
- Also in the second paragraph beginning on line 5 and ending on line 9, the text is changed to:

“Please bring to the appointment the completed FIA School Training Enrollment Letter (**W-700D**) and a bursar’s or registrar’s receipt. In addition, you are required to bring one of the following documents:

- a high school diploma, or
- proof of General Equivalency Diploma (GED), or
- a college degree, or
- Career Programs Assessment Test (CPAT) and proof of Grade Point Average (GPA).

If you are participating in the Federal Work Study (FWS) program you must bring in your FWS Award letter.”

- The second to the last paragraph now reads:

“If you are unable to keep this appointment because of an emergency, you must call (212) 896-5680 before your scheduled reporting time to arrange for a new appointment. If you need to come in before your scheduled appointment date, call (212) 896-5680 to determine if we can accommodate you at an earlier date.”

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

Effective Immediately


Related Item:

[PB #06-121-OPE](#)

[PB #05-48-OPE](#)

Attachments:

W-507	Mandatory Training Assessment Group Appointment (Rev. 7/1/08)
W-507 (S)	Mandatory Training Assessment Group Appointment (Rev. 7/1/08) (Spanish)
W-507A	Notice of Applicant Self-Enrollment In Training/Education Program (Rev. 7/1/08)
W-507A (S)	Notice of Applicant Self-Enrollment In Training/Education Program (Rev. 7/1/08) (Spanish)
W-507HH	Notice of Appointment for Disapproved Training/Education Program Review (Rev. 7/1/08)
W-507HH (S)	Notice of Appointment for Disapproved Training/Education Program Review (Rev. 7/1/08) (Spanish)
W-700D	FIA School/Training Enrollment Letter (Rev. 7/1/08)
W-700D (S)	FIA School/Training Enrollment Letter (Rev. 7/1/08) (Spanish)

 Please use Print on Demand to obtain copies of forms.

Date: _____
Case Number: _____
Case Name: _____

Mandatory Training Assessment Group Appointment

You have been scheduled for an interview to discuss your employment goals. At this appointment we will assess/reassess your marketable skills as well as your employment, training and educational needs so that appropriate activities, which include work experience, job search and approved educational training, can be assigned. This assessment/reassessment may include in-depth testing of your English language proficiency and math skills.

Please bring all completed child care forms with you so that child care payments can be set up in the system for your provider. If at all possible, please do not bring children with you to the appointment because the entire process may take more than three (3) hours and there are no on-site child care facilities on the premises.

Please have the school complete the enclosed FIA School/Training Enrollment Letter (**W-700D**) and bring a bursar's or registrar's receipt with you when you report for the appointment. High school students must bring in proof of enrollment on a Board of Education form. Noncompliance with the requirements may result in the disapproval of your request.

If you are currently enrolled in an education program in your first or second term you will need to provide your Grade Point Average (GPA). If you are participating in a Federal Work Study (FWS) program you must bring your FWS Award Letter. Those seeking a training program for the first time should bring in the following documentation:

- GED (General Equivalency Diploma);
- CPAT (Career Programs Assessment Placement Test); or
- High School Diploma.

Your appointment information is indicated below:

Appointment Date: _____ Time: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

If you are unable to keep this appointment because of an emergency, call (212) 896-5680 before your reporting time to arrange for a new appointment. If you need to come in before your scheduled appointment date, call (212) 896-5680 to determine if we can accommodate you at an earlier appointment date.

This is a mandatory engagement appointment. Your participation in assigned activities is mandatory. Failure to fulfill all requirements may result in the reduction or termination of your Cash Assistance benefits. There are no work requirements for Medicaid.

Enclosure: FIA School/Training Enrollment Letter (**W-700D**)

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____

Cita Obligatoria En Grupo para Evaluación de Capacitación

Se le ha programado una cita para evaluar o reevaluar su meta de trabajo. En esta cita evaluaremos/reevaluaremos sus habilidades laborales al igual que sus necesidades de empleo, capacitación y de educación para asignarle actividades adecuadas, lo que incluye experiencia laboral, búsqueda de trabajo y capacitación educacional aprobada. Esta evaluación/reevaluación puede incluir un examen a fondo de su manejo del idioma inglés y sus habilidades matemáticas.

Por favor traiga todos los formularios de cuidado infantil llenos para que se puedan disponer en el sistema los pagos a su proveedor en el sistema. Si le es posible, favor de no traer a sus niños con usted a la cita debido a que todo el proceso puede durar más de tres (3) horas, y no hay instalaciones de cuidado infantil en el local.

Por favor encárguese de que la escuela llene la adjunta Carta de la FIA de Inscripción al Programa de Capacitación o Educación (FIA School/Training Enrollment Letter – **W-700D [S]**) y tráigala consigo junto con el recibo de tesoro y/o registración al presentarse a la cita. Estudiantes de secundario tienen que traer prueba de inscripción en un formulario de la Junta de Educación. El incumplimiento de los requisitos puede resultar en el rechazo de su solicitud.

Si actualmente usted está inscrito en un programa educacional o de capacitación y está cursando su primer año y/o su primer semestre necesitará proveernos con su promedio escolar (grade point average – GPA). Si esta participando en un Programa de estudio y trabajo Federal (Federal Work Study Program – FWS) tiene que traer su Carta que indica su premio para FWS.

Para los que buscan un Programa de Capacitación, ello deben traer la siguiente documentación:

- GED (prueba de Diploma Equivalente de Escuela Secundaria (General Equivalency Diploma-GED)
- CPAT (examen de Evaluación de Programas Profesionales (Career Programs Assessment Test- CPAT); o
- Diploma de escuela secundaria (high school)

Los datos respecto a su cita aparecen a continuación:

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

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Indicaciones de Viaje:

Si usted no puede cumplir su cita debido a una emergencia, favor de llamar al (212) 896-5680 antes de su hora programada para programar una nueva cita. Si necesita venir antes de la fecha que aparece arriba, llame al (212) 896-5680 para poder determinar si es posible atenderlo en una cita antes de la que actualmente tiene programada.

Esta cita de participación es obligatoria. Su participación en una actividad asignada es obligatoria. El no cumplir todos los requisitos puede resultar en la reducción o la terminación de sus beneficios de Asistencia en Efectivo. No existen requisitos respecto a Medicaid.

Adjunto: Carta de la FIA de Inscripción al Programa de Capacitación o Educación (**W-700D [S]**)

Date: _____
Case Number: _____
Case Name: _____
CIN: _____
Action Code: _____

Notice of Applicant Self-Enrollment in Training/Education Program

You informed the Human Resources Administration (HRA) that you are self-enrolled in the

training/program. However, as a condition of eligibility for Cash Assistance, you must participate in approved work activities for 35 hours per week. In order to determine whether or not your hours of attendance in the training/education program you are enrolled in can be counted towards the 35-hour mandated workweek, a training assessment review must be conducted.

Therefore, once your case is accepted, you will receive a mandatory appointment at HRA's Training Assessment Group (TAG) offices in order to conduct the training assessment review. This assessment may include testing of your language proficiency and math skills, as well as interviewing you to determine your employment goals, so that appropriate work activities, which include work experience, job search and approved educational training, can be assigned.

Please bring to the appointment the completed FIA School Training Enrollment Letter (**W-700D**) and a bursar's or registrar's receipt. In addition, you are required to bring one of the following documents: a high school diploma, or proof of General Equivalency Diploma (GED), or a college degree, or Career Programs Assessment Test (CPAT) and proof of Grade Point Average (GPA). If you are participating in the Federal Work Study (FWS) program you must bring in your FWS Award letter.

Until you have received TAG approval, your selected training program is a disapproved activity. Prior to your TAG appointment, you are excused from having to participate in a work activity, but this should not be considered approval of your training activity. If after review your program is disapproved, you may continue to attend training during the hours you are not required to participate in work activities. It should be noted that four-year college programs will not be approved as training activities.

If you have minor children, you may have received child care documents to be completed by you and your child care provider to establish child care payments to support your approved activities while you are on Cash Assistance. If so, please bring these completed documents with you to your TAG appointment for data entry into the system.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
CIN: _____
Código de Acción: _____

Aviso sobre la Auto-Inscripción del Participante en el Programa de Capacitación/Educacional

Usted le informó a la Administración de Recursos Humanos (HRA) acerca de su auto-inscripción en el

programa de capacitación/educacional. Sin embargo, como condición de elegibilidad a Asistencia en Efectivo, usted debe participar un total de 35 horas a la semana en actividades de trabajo aprobadas. Para determinar si sus horas de asistencia al programa de capacitación/educacional al que usted se inscribió se pueden o no se pueden acreditar a las 35 horas semanales requeridas, una evaluación respecto a su capacitación se llevará a cabo.

Por lo tanto, una vez que se acepte su caso, usted recibirá una cita obligatoria para presentarse en las oficinas del Grupo de Evaluación de Capacitación de TAG (Training Assessment Group- TAG) de la HRA donde se llevará a cabo una evaluación de capacitación. Esta evaluación puede incluir un análisis de sus habilidades en los idiomas y la matemática, y la misma vez se le hará una entrevista con el fin de establecer que tipo de empleo usted prefiere, de manera que se le puedan asignar actividades de trabajo adecuadas, lo que incluye experiencia laboral, búsqueda de trabajo y capacitación educacional aprobada.

Por favor traiga a su cita la Carta de la FIA de Inscripción al Programa de Capacitación o Educación (FIA School/Training Enrollment Letter – **W-700D [S]**) llenada, junto con el recibo de tesoro y/o registración. Además, usted tiene que traer uno de los siguientes documentos: un diploma de escuela secundaria, o prueba de Diploma Equivalente de Escuela Secundaria (General Equivalency Diploma-GED), o diploma universitario, o Examen de Evaluación de Programas Profesionales (Career Programs Assessment Test- CPAT) y prueba de su puntaje escolar promedio (Grade Point Average - GPA). Si esta participando en el Programa de estudio y trabajo Federal (Federal Work Study Program – FWS) tiene que traer la Carta que indica su premio para FWS.

Hasta que usted reciba aprobación de TAG, su programa de capacitación elegido se considerará una actividad no aprobada. Usted no tendrá que participar en actividades de trabajo antes de cita con TAG, pero ello no significará que dichas actividades de trabajo se hayan aprobado. Si luego de ser evaluado, no se aprueba su programa, puede seguir asistiendo el programa de capacitación durante las horas que no se requiere que participe en actividades de trabajo. Debe tomar en cuenta que los programas universitarios de cuatro años no serán aprobados como actividades de capacitación.

Si usted tiene hijos menores, puede que haya recibido documentos de cuidado infantil que usted y su proveedor deben llenar para instituir pagos de cuidado infantil que facilitarán su participación en actividades aprobadas mientras reciba Asistencia en Efectivo. Si es el caso entonces por favor traiga los documentos llenados a su cita para que sus datos sean ingresados al sistema.

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

Notice of Appointment for Disapproved Training/Education Program Review

You have informed the Human Resources Administration (HRA) that you are currently enrolled in a training/education program without HRA approval. Your participation in this program can only be approved if the hours you attend can be counted towards the mandatory 35-hour workweek you are required to comply with as a condition of eligibility for Cash Assistance. For this purpose, a mandatory appointment has been scheduled for you at HRA's Training Assessment Group (TAG) offices.

On the day of the appointment a training assessment review will be conducted. The assessment may include testing of your language proficiency and math skills, as well as discussion to determine your employment goals, so that appropriate work activities, which include work experience, job search and approved educational training, can be assigned. The determination as to whether or not you can continue to attend the training/education program you are enrolled in will be based on the training assessment review. Please bring to the appointment the completed FIA School Training Enrollment Letter (**W-700D**) and a bursar's or registrar's receipt. In addition, you are required to bring one of the following documents: a high school diploma, or proof of General Equivalency Diploma (GED), or a college degree, or Career Programs Assessment Test (CPAT) and proof of Grade Point Average (GPA). If you are participating in the Federal Work Study (FWS) program you must bring in your FWS Award letter. Until you have received TAG approval, your selected training/education program is a disapproved activity. If after review your program is disapproved, you may continue to attend activities during the hours you are not required to participate in required work activities. It should be noted that four-year programs, except FWS, externships or internships, will not be approved as training activities.

If you have not already established child care and have completed documents to support any approved activities while you are on Cash Assistance, please bring these documents with you to your TAG appointment for data entry into the system.

Appointment Date: _____ Time: _____ Telephone: _____

Location:

Location Name _____

Address Line _____

City _____ State _____ Zip Code _____

Travel Directions:

If you are unable to keep this appointment because of an emergency, you must call (212) 896-5680 before your scheduled reporting time to arrange for a new appointment. If you need to come in before your scheduled appointment date, call (212) 896-5680 to determine if we can accommodate you at an earlier appointment date.

This is a mandatory engagement appointment. Failure to fulfill work requirements may result in the reduction or termination of your Cash Assistance benefits. There are no work requirements for Medicaid.

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

Aviso de Cita de Evaluación para Programa de Capacitación/Educacional No Aprobado

Usted le informó a la Administración de Recursos Humanos (Human Resources Administration – HRA) que actualmente está inscrito(a) en un programa de capacitación/educacional sin aprobación de la HRA. Su participación en este programa sólo se puede aprobar si sus horas de asistencia al mismo se pueden acreditar a las 35 horas de trabajo semanales que debe cumplir como condición de elegibilidad para Asistencia en Efectivo. Con este propósito, se le ha programado una cita con las oficinas del Grupo de Evaluación de Capacitación (Training Assessment Group – TAG).

En el día de la cita se realizará una evaluación de capacitación. Esta evaluación puede incluir un examen de sus aptitudes lingüísticas y matemáticas, al igual que una plática sobre sus metas de empleo, de manera que se le puedan asignar actividades de trabajo adecuadas, lo que incluye experiencia laboral, búsqueda de trabajo y capacitación educacional aprobada. La decisión respecto a su asistencia seguida al programa de capacitación/educacional en que está inscrito(a) actualmente se basará en la evaluación de capacitación. Favor de traer a la cita la Carta de la FIA de Inscripción al Programa de Educación/Capacitación (FIA School/Training Enrollment Letter – **W-700D [S]**) llenada. Además, usted tiene que traer uno de los siguientes documentos: un diploma de escuela secundaria, o prueba de Diploma Equivalente de Escuela Secundaria (General Equivalency Diploma – GED), o diploma universitario, o Examen de Evaluación de Programas Profesionales (Career Programs Assessment Test – CPAT) y pruebas de calificación escolar promedio (Grade Point Average – GPA). Si está participando en el Programa de Estudio y Trabajo Federal (Federal Work Study Program – FWS) tiene que traer consigo la carta de Asignación de FWS. Hasta que usted reciba aprobación de TAG, su programa de capacitación/educacional elegido se considerará una actividad no aprobada. Si luego de la evaluación, su programa no es aprobado, podrá seguir asistiendo durante las horas en que no tenga que participar en actividades de trabajo requeridas. Tenga presente que los programas de cuatro años, excepto el programa Federal de Trabajo Estudio o pasantías, no serán aprobados como actividades de capacitación.

Si usted no ha hecho arreglos de cuidado infantil pero ha llenado los formularios y documentos de cuidado infantil que muestran que sus actividades mientras recibía Asistencia en Efectivo eran apropiadas, favor de traer estos documentos a su cita TAG para que sus datos sean ingresados al sistema.

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

Location: _____
Nombre del Local

Línea de Dirección

Ciudad Estado Código Postal

Travel Directions:

Si usted no puede cumplir su cita debido a una emergencia, tiene que llamar al (212) 896-5680 antes de su fecha programada de comparecencia para poder programar una nueva cita. Si necesita venir antes de la fecha que aparece arriba llame al (212) 896-5680 para poder determinar si es posible atenderle antes de la fecha que tiene programada.

Esta cita de participación es obligatoria. El no cumplir su requisito de trabajo puede resultar en la reducción o terminación de sus beneficios de Asistencia en Efectivo. No hay requisitos de trabajo para Medicaid.

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

FIA School/Training Enrollment Letter

I. FOR COMPLETION BY STUDENT WITH HUMAN RESOURCES ADMINISTRATION (HRA) REPRESENTATIVE

Applicant's/Participant's Name: _____

A. Training-Related Expenses

HRA is not responsible for tuition, books and fees. However, individuals who participate in HRA-approved activities are eligible to receive reimbursement for certain expenses incurred while participating, specifically child care, carfare and certain items if they are required for participation. As an applicant for or participant of Cash Assistance, I understand that I may be entitled to money for carfare and child care only if I attend my program as scheduled.

Note: To request child care reimbursement, a separate child care provider enrollment form must be attached.

How much do you spend on carfare each day you attend class? \$ _____

Do you need anything special in order to participate in your program? No Yes
(Receipt/bill must be attached.)

If "Yes," explain special need (e.g., uniform): _____

Amount of special need: \$ _____ Frequency: _____

B. Agreement to Recovery of Engagement Expense Overpayments

Choose one of the following:

- I agree that any engagement expense overpayment be recovered from my Cash Assistance grant.
- I request that any engagement expense overpayment be recovered from my next or future carfare and/or child care payments.

Cash Assistance Applicant's/Participant's Signature

Date

C. Notice to Cash Assistance and Food Stamp Applicants/Participants Regarding Educational Grants and Expenses

In accordance with current Social Services law (18 NYCRR 352.16 and 387.11[f]), any educational grant, scholarship or loan that you receive is not counted in determining your eligibility for Cash Assistance and is not considered in determining the amount of your Cash Assistance benefit. The Food Stamp Act of 1977 requires certain educational grants, scholarships and loans to be counted as income for Food Stamp purposes, but permits us to exclude from this income amounts for tuition, mandatory fees and certain other educational expenses.

In order to determine the correct amount of educational income to count or allow as a deduction in computing your Food Stamp budget, we require documentation of your educational income and expenses from your school. Please sign the release section below, which authorizes the school to provide us with this information, and have your school complete Section II of this form. After completion, please return this form to the Worker who is handling your case.

D. Authorization to Release Information

I authorize the school/program in Section II of this form to release information about my attendance, progress and subsequent employment to HRA. In addition, I authorize the release of information for use by HRA for Cash Assistance and Food Stamp purposes.

Applicant's/Participant's Signature

Date

The Student must take this form to the School/Training Program for completion of Section II.

II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING PROGRAM REPRESENTATIVE

A. Student Information

Applicant's/Participant's Name: _____

Student ID #: _____

School/Program Name: _____

Course of Study/Major: _____

Vendor and Skill Code: _____

Semester Start Date: _____

Semester End Date: _____

Enrollment Start Date (if different from Semester Start Date above): _____

Is there a break of more than two weeks during this enrollment period? No Yes

Break Start Date: _____

Break End Date: _____

B. Student Weekly Activity Schedule

(For class hours, write "CL" in box; for laboratory, write "LAB"; for Federal Work Study (FWS), write "FWS"; for internship, write "INT"; for externship, write "EXT"; for Family College, write "FC." For activities that do not start on the hour write start and end time in box.)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
8:00–9:00 AM								
9:00–10:00 AM								
10:00–11:00 AM								
11:00–12:00 PM								
12:00–1:00 PM								
1:00–2:00 PM								
2:00–3:00 PM								
3:00–4:00 PM								
4:00–5:00 PM								
Evenings (Specify hours in box)								
Total Weekly Hours								

C. Work Activities: Please note that internship/externship and FWS must be approved by HRA and have a Vendor/Skill Code.

	Vendor/Skill Code	Number of Hours
1. Number of internship hours per week this semester.	_____	_____
2. Number of externship hours per week this semester.	_____	_____
3. Number of FWS hours per week this semester.	_____	_____
4. Total number of internship, externship and FWS hours per week this semester (add lines 1, 2 and 3).	_____	_____

1. Total weekly classroom and lab hours: _____

2. Total from II. B., line 4: _____

3. Total of lines 1 and 2 (total activity hours):* _____

*Note to HRA staff: when entering activity hours into NYCWAY, you must convert weekly hours to biweekly.

School Stamp

Is the student receiving money directly from you for:

Carfare? No Yes

Child Care? No Yes

Weekly Amount	Source
\$ _____	_____
\$ _____	_____

D. Breakdown of Expenses

		Non-Title IV Funded Educational Grants, Loans and Scholarships	
Tuition	\$	Private scholarships (specify in the spaces below)	
Loan origination and insurance fees	\$	1.	\$
Books	\$	2.	\$
Meals purchased at school	\$	3.	\$
Transportation to and from school	\$	4.	\$
Supplies	\$	SEEK Program	\$
Child care	\$	College Discovery Program	\$
Personal expenses (specify):	\$	Other (specify):	\$
Living Expenses (specify):	\$	Total of Non-Title IV Funded Educational Income	\$
Total Expenses	\$		

Note: Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

 Print Name (Authorized School Representative)

 Date

 Signature

 Telephone Number

III. FOR COMPLETION BY FIA WORKER (use data from Section II of this form).

If the student is enrolled at least half of the time, allow all of the expenses except the living expenses in the section titled "Breakdown of Expenses" in **II. C** of this form. Examples of living expenses which are not allowed are housing, clothing, utilities and meals other than those purchased at school.

Follow these steps:

II. D. Total Expenses	-	II. D. Living Expenses	=	Total Allowable Expenses
II. D. Total of Non-Title IV Funded Educational Income	-	Total Allowable Expenses (see above)	=	Countable Income
Countable Income (see above)	÷	Number of Months in School Term	=	Monthly Countable Income
Monthly Countable Income (see above)	÷	2	=	(E) Semimonthly Countable Income

FIA Worker's Signature

Date

Note: Enter Semimonthly Countable Income (E) in the Gross field and "S" in the Frequency field of the **NSBLO6** screen. Use income source code **17**.

Do not budget educational income for any month prior to the actual receipt of educational income.

Do not count any educational income funded partially or entirely by Title IV funds. Title IV-funded programs include Basic Educational Opportunity Grants, Supplemental Educational Opportunity Grants, Tuition Assistance Program, all educational loans and college work study.

IV. FOR FIA USE ONLY

Allowance Start Date: _____	Allowance End Date: _____
Weekly Carfare: \$ _____	
Weekly Special Needs: \$ _____	
Weekly Child Care	
Child's Name: _____	Weekly Child Care Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____

Carta de la FIA de Inscripción al Programa de Educación/Capacitación

I. A SER LLENADO POR EL ESTUDIANTE Y EL REPRESENTANTE DE LA ADMINISTRACIÓN DE RECURSOS HUMANOS (HUMAN RESOURCES ADMINISTRATION – HRA)

Nombre del Solicitante/Participante: _____

A. Gastos Relacionados con la Capacitación

HRA no cubre los gastos de matrícula, libros y gastos educacionales. Sin embargo, las personas que participan en actividades de trabajo aprobadas por HRA tienen derecho a que se les reembolsen algunos de los gastos incurridos durante su participación, Específicamente gastos de: cuidado infantil, tarifa de transporte y otros que sean requeridos para facilitar la participación. Como solicitante o beneficiario de Asistencia en Efectivo, entiendo que puedo tener derecho a dinero para tarifa de transporte y cuidado infantil, sólo si asisto a mi programa según el horario establecido.

Nota: Para solicitar reembolso de pagos por cuidado infantil, el formulario de inscripción del proveedor de cuidado infantil debe de adjuntarse a este formulario.

¿Cuánto gasta en tarifa de transporte cada día que asiste a clases? \$ _____

¿Necesita usted algo en particular (necesidad especial) para poder participar en el programa? No Sí
(Tiene que adjuntar recibo/factura.)

Si la respuesta es "Sí," favor de explicar el porque (e.g., uniforme): _____

Cantidad para la necesidad especial: \$ _____ Frecuencia: _____

B. Acuerdo para la Recuperación de Participación de Gastos y Sobrepago

Escoge uno de los siguiente:

- Yo acepto que cualquier participación de gastos de sobrepago sea recuperado por mi concesión de Asistencia en Efectivo.
- Yo solicito que cualquier participación de gastos de sobrepago sea recuperado por mi próximo o futuro costo de automóvil o cuidado infantil.

Firma del Solicitante/Participante de Asistencia en Efectivo

Fecha

C. Aviso a los Solicitantes/Participantes de Asistencia en Efectivo y Cupones Para Alimentos Respecto a Becas y Gastos Educativos

Conforme a la ley actual de Servicios Sociales (18 NYCRR 352.16 y 387.11[f]), cualquier beca o préstamo que usted reciba no es tomado en cuenta al determinar su elegibilidad para recibir Asistencia en Efectivo y no es considerado al determinar la cantidad de su beneficio de Asistencia en Efectivo. La Ley de Cupones para Alimentos del 1977 (the Food Stamp Act of 1977) requiere que ciertas becas y préstamos sean calculados como ingreso para fines de Cupones para Alimentos. Sin embargo, la misma ley nos permite excluir del ingreso gastos de matrícula, cuotas obligatorias y otros gastos educativos específicos.

Para determinar la cantidad correcta de ingreso educacional a tomarse en cuenta o a deducir de su presupuesto de Cupones para Alimentos, le requerimos documentación de sus ingresos y gastos educativos a su institución educativa. Favor de firmar la sección de autorización más abajo para permitirle a su institución educativa entregarnos esta información y pida que un representante de la misma llene la Sección II de este formulario. Después de ser llenado, favor de entregar este formulario al Trabajador encargado de su caso.

D. Autorización Para Entregar Información

Yo autorizo al programa de capacitación/institución educativa, citados en la Sección II de este formulario, a entregar a la HRA información respecto a mi asistencia, progreso educativo y empleo posterior. Dicha información será usada por HRA para fines de Asistencia en Efectivo y Cupones para Alimentos.

Firma del Solicitante/Participante

Fecha

El estudiante debe llevar este formulario al Programa de Capacitación o Institución Educativa para poder llenar Sección II.

II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING REPRESENTATIVE

A. Student Information

Applicant/Participant Name: _____ Student ID #: _____

School/Program Name: _____

Course of Study/Major: _____

Vendor and Skill Code: _____

Semester Start Date: _____ Semester End Date: _____

Enrollment Start Date (if different from semester start date above): _____

Is there a break of more than two weeks during this enrollment period? No Yes

Break Start Date: _____ Break End Date: _____

B. Student Weekly Activity Schedule

(For class hours, write "CL" in box; for laboratory, write "LAB"; for Federal Work Study (FWS), write "FWS"; for internship, write "INT"; for externship, write "EXT"; for Family College, write "FC." For activities that do not start on the hour write start and end time in box.)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
8:00–9:00 AM								
9:00–10:00 AM								
10:00–11:00 AM								
11:00–12:00 PM								
12:00–1:00 PM								
1:00–2:00 PM								
2:00–3:00 PM								
3:00–4:00 PM								
4:00–5:00 PM								
Evenings (Specify hours in box)								
Total Weekly Hours								

C. Work Activities: Please note that internship/externship and FWS must be approved by HRA and have a Vendor/Skill Code.

	Vendor/Skill Code	Number of Hours
1. Number of internship hours per week this semester.		
2. Number of externship hours per week this semester.		
3. Number of FWS hours per week this semester.		
4. Total number of internship, externship and FWS hours per week this semester (add lines 1, 2 and 3).		

- 1. Total weekly classroom and lab hours: _____
- 2. Total from II. B., line 4: _____
- 3. Total of lines 1 and 2 (total activity hours):* _____

*Note to HRA staff: when entering activity hours into NYCWAY, you must convert weekly hours to biweekly.



Is the student receiving money directly from you for:

- Carfare? No Yes
- Child Care? No Yes

Weekly Amount	Source
\$ _____	_____
\$ _____	_____

D. Breakdown of Expenses

		Non-Title IV Funded Educational Grants, Loans and Scholarships	
Tuition	\$	Private scholarships (specify in the spaces below)	
Loan origination and insurance fees	\$	1.	\$
Books	\$	2.	\$
Meals purchased at school	\$	3.	\$
Transportation to and from school	\$	4.	\$
Supplies	\$	SEEK Program	\$
Child care	\$	College Discovery Program	\$
Personal expenses (specify):	\$	Other (specify):	\$
Living Expenses (specify):	\$	Total of Non-Title IV Funded Educational Income	\$
Total Expenses	\$		

Note: Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

 Print Name (Authorized School Representative)

 Date

 Signature

 Telephone Number

III. FOR COMPLETION BY FIA WORKER (use data from Section II of this form).

If the student is enrolled at least half of the time, allow all of the expenses except the living expenses in the section titled "Breakdown of Expenses" in **II. C** of this form. Examples of living expenses which are not allowed are housing, clothing, utilities and meals other than those purchased at school.

Follow these steps:

II. D. Total Expenses	-	II. D. Living Expenses	=	Total Allowable Expenses
II. D. Total of Non-Title IV Funded Educational Income	-	Total Allowable Expenses (see above)	=	Countable Income
Countable Income (see above)	÷	Number of Months in School Term	=	Monthly Countable Income
Monthly Countable Income (see above)	÷	2	=	(E) Semimonthly Countable Income

FIA Worker's Signature

Date

Note: Enter Semimonthly Countable Income (E) in the Gross field and "S" in the Frequency field of the **NSBLO6** screen. Use income source code **17**.

Do not budget educational income for any month prior to the actual receipt of educational income.

Do not count any educational income funded partially or entirely by Title IV funds. Title IV-funded programs include Basic Educational Opportunity Grants, Supplemental Educational Opportunity Grants, Tuition Assistance Program, all educational loans and college work study.

IV. FOR FIA USE ONLY

Allowance Start Date: _____	Allowance End Date: _____
Weekly Carfare: \$ _____	
Weekly Special Needs: \$ _____	
Weekly Child Care	
Child's Name: _____	Weekly Child Care Amount:
_____	\$ _____
_____	\$ _____
_____	\$ _____