



**FAMILY INDEPENDENCE ADMINISTRATION**  
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**POLICY BULLETIN #08-84-OPE**  
**CBIC PRINTERS NOT OPERATIONAL**

<p><b>Date:</b> July 14, 2008</p>	<p><b>Subtopic(s):</b> Printing</p>
<p> This procedure can now be accessed on the FIAweb.</p> <p>Hand-printed referrals</p>	<p>The purpose of this policy bulletin is to inform Job Center and NCA FS Center staff of the procedure for issuing referrals to Over-the-Counter sites when the Common Benefit Identification Card (CBIC) printer is not functioning.</p> <p>When the CBIC printer is not functioning, the Disbursement/Control (D/C) or Reception Supervisor must:</p> <ul style="list-style-type: none"> <li>• contact the Welfare Management System (WMS) hotline at 718-510-8333 to inform them of the problem. The WMS hotline will create a ticket and send a technician to make the needed repairs.</li> <li>• contact the Electronic Benefits Transfer (EBT) Hot Line at 212-331-4233 to inform EBT that the printer is down. EBT will notify the CBIC Over-the-Counter sites to allow entrance of participants into the site with handwritten referrals.</li> <li>• follow the normal process of using WMS to enter a request to generate handwritten CBIC referrals as follows:             <ul style="list-style-type: none"> <li>▪ Log onto WMS and select Option <b>9</b> (WIDMNU), and the <b>WMS ID Card Menu</b> appears.</li> </ul> </li> </ul>

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*

WMS ID Card Menu

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WMS ID CARD MENU                               Date 07/02/2008
Function  CIN                               10:03:57
Card Number 800486
Case      Suffix  Dist

----- Selections ----- Required Entries
1 - TEMP & PERM CARD, CASE UPDATE  CIN OR CARD #, CASE # (DIST OPT)
2 - OTC CARD REQUEST, CASE UPDATE  CIN OR CARD #, CASE # (DIST OPT)
3 - AUTH REP CARD REQUEST, CASE UPDATE  CIN OR CARD #, CASE # (DIST OPT)
4 - PERM CARD ONLY                  CIN OR CARD #, CASE # (DIST OPT)
5 - ID CARD HISTORY INQUIRY         CIN OR CARD #
6 - AUTHORIZED REPRESENTATIVE INQUIRY  CIN OR CARD #
7 - INDIVIDUAL PA/FS PAYEE INQUIRY     CIN OR CARD #
8 - ID CARD AUDIT INQUIRY           CARD # OR CIN
9 - CASE # PA/FS PAYEE INQUIRY       CASE # (DIST OPT)
10 - CASE # ID CARD INQUIRY         CASE # (DIST OPT)
11 - EBT PIN MAILER REQUEST         CIN OR CARD #, CASE # (DIST OPT)
12 - *****
13 - *****
14 - *****
09 - CARD PRINTER ALIGNMENT         xmt _
    
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Select Option 2

Enter CIN and Case #

- Enter the Client Identification Number (CIN), the applicant's/participant's Case Number and select Option 2. Transmit, then the **Over the Counter Card Request and Case Entry** screen appears.

Over Counter Card Request and Case Entry screen

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DIVER COUNTER CARD REQUEST & CASE# ENTRY       07/02/2008
                                                10:05:18
CIN      Case #      Suffix 01
Name     Case Ty     Case Status NA/NA/AC
DOB      Indiv Status NA/NA/AC  Rel CG 01
EBT PIN Mailer 01/22/2003 av:00:00:00 Case Name
Photo NO  Sig NO  CC P CDC M  C/D Name
Current Card(s)  D Type Void Date  Street
CLIENT SEQUENCE 21 N N/NS  Apt No  State NY Zip
Phone #
Ofc      rkr F9P08
PA/F     ge Date 12/31/9999
PA/FS Payee

Request for Individual Card: Reason Code (Enter Value) 09 Photo (Y/N) Y

ADD (A) or DELETE (D) Individual as PA/FS Payee for Case #:
TT Case # Suffix 01
ADD Vault (V) Card or DELETE (D) ID Card for Use:
TT Card # 800486 xmt _
    
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- Enter **09** in the Reason Code field and a **Y** in the Photo (Y/N) field. Transmit and press **F2** to return to the **WMS Main ID Card Menu**.
- Select Option **5**, enter the CIN, and Transmit. A referral number is generated and is verified on the **ID Card History Inquiry** screen.

ID Card History Inquiry  
(WIDCTH) screen

*WIDCTH Dist NYC		ID CARD HISTORY INQUIRY		07/01/2008 Page 1 of 2	
CIN		EBT PIN Mailer	01/22/2008	16:04:40	20:59:02
Name		Photo NO	Sig NO	GC P	CDC M
DOB	Sex F BSN				
Card#	CLIENT SEQUENCE 21	Card Type	N/MS Reas 01	Card Disabled NO	Referral # 11230
C/O Name			CDC A		
Address					
Void	Issue 06/26/2008	DSS Post	06/26/2008		
Card Status	C/P	eMedNY Status	A/A	EBT PA/FS	A/A
Card#	CLIENT SEQUENCE 20	Card Type	N/MS Reas FS	Card Disabled NO	Referral #
C/O Name			CDC M		
Address					NY 11230
Void	06/26/2008 Issue 06/25/2008	DSS Post	06/24/2008		
Card Status	C/P	eMedNY Status	D/A	EBT PA/FS	D/A
Card#	CLIENT SEQUENCE 19	Card Type	N/MS Reas PA	Card Disabled NO	Referral #
C/O Name			CDC M		
Address					
Void	06/26/2008 Issue 04/16/2008	DSS Post	04/17/2008		
Card Status	C/P	eMedNY Status	D/A	EBT PA/FS	D/A

Referral Number

- Manually handwrite each referral on a blank Signature Verification Card Form (LDSS-4113-2) with the participant's information and referral number found on the ID Card History Inquiry (WIDCTH) screen. The referral must contain the following information:
  - Participant's first and last name
  - Participant's case number and CIN
  - Date of birth (DOB)
  - Gender
  - WMS Referral Number from WIDCTH screen
  - Center's rubber stamp if available (shows center name, address and zip code)
  - Signature of participant and worker and date on the back of the referral

Centers must **NOT** use the Request for Identification Card/Temporary Medicaid Authorization/Update Existing CBIC Form (W-607A) in place of the handwritten CBIC referrals. Applicants/participants who have identification should be informed to bring it to the CBIC OTC sites.

**Note:** When the CBIC printer is functioning properly, staff must resume normal CBIC processing and notify the EBT Hotline.

*Effective Immediately*