



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #08-87-OPE *(This Policy Bulletin Obsoletes PB #02-191-ELI)*

OBSOLETE FORMS M-30T AND W-133D

Date: July 25, 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 are now obsolete:</p> <ul style="list-style-type: none"> • The Verification of Employment Form (M-30t) • The Social Security Number Verification Form (W-133D) <p>Form M-30t was previously used for disclosing potential fraud regarding employment. This is now handled through an online referral to the Bureau of Fraud Investigation (BFI).</p> <p>Form W-133D has been removed because Social Security number validations can be obtained via the Welfare Management System (WMS).</p> <p>Center Directors must ensure that all versions of these forms are removed from circulation and recycled.</p> <p>Samples of the obsolete forms are attached.</p> <p><i>Effective Immediately</i></p> <p>Related Item:</p> <ul style="list-style-type: none"> • PD #08-22-ELI • PB #08-55-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*

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

Attachments:

M-30t
W-133D

Verification of Employment Form (**Obsolete**)
Social Security Number Verification Form (**Obsolete**)



The City of New York
Human Resources Administration
Income Support Programs

Form M-30t (face)
 Rev. 10/20/92

Date: _____
Information Pertaining to
<input type="checkbox"/> Recipient of P.A. or F.S.
<input type="checkbox"/> Applicant for Public Assistance or Food Stamps
Name: _____
Case No.: _____
Address: _____

Attention: Personnel Officer

OBSOLETE

Dear Sir/Madam:

Wage information received by this Agency indicates that an individual employed by you is using Social Security Number _____ during the wage quarter of _____.

We have verified that the above-named recipient/applicant has a Social Security card in his/her possession indicating that this number belongs to him/her. As our recipient/applicant denies being employed by your firm, we need your assistance in resolving this matter.

1. If our recipient/applicant and your employee are **NOT THE SAME PERSON:**

Recipient: Compare the photograph on the public assistance or Food Stamp photo identification card with the bearer of this letter. If it is the same individual, record the "RECON" number appearing on the public assistance or Food Stamp photo identification card in the space provided:

RECON No.: _____

Applicant: Applicant will not have photo identification card; therefore, please have the applicant sign this form in your presence, so a signature comparison can be made against the public assistance or Food Stamp application form.

APPLICANT'S SIGNATURE: _____

Employer: Please include your signature, telephone number and the date in the spaces provided below.

Employer Signature: _____ Tel. No.: _____ Date: _____

Where your employee and our client are **NOT** the same person, it is possible that your employee's deductions for Social Security are being applied to our recipient's/applicant's account. Please alert your employee to this situation so that he/she may provide you with the correct Social Security number, resulting in the deductions being applied to the proper account.

2. If our recipient/applicant and your employee are **ARE THE SAME PERSON:**

- a. Please complete the reverse side of this form.
- b. Include your signature, telephone number and the date in the space provided.

Should you have any questions concerning this request, please contact _____ Eligibility Specialist

at _____
 (Telephone No.)

Verification of Earnings

We are requesting that you provide the employment information indicated below. All information furnished will be kept confidential. Your cooperation in providing this information is appreciated.

Employee Identification

Name: _____ Social Security No. _____

Date of Birth: _____ Address: _____

Payroll Information

Employed from: _____ to _____ Marital Status: _____ No. of Exemptions Claimed: _____

Hours Wages: _____ Hours per Day: _____ Days per Week: _____

Is employee paid: Weekly Bi-Weekly Semi-Monthly Monthly

Pay Information - Last Three Pay Checks

Date Pay Received	Gross Pay	Net Pay	Federal Tax	State and Local Tax	FICA
1.					
2.					
3.					

Are any of the following Deducted? (If so, please include amount per check)

Health Insurance: _____ Credit Union: _____ Bonds: _____ Life Insurance: _____

Union Dues: _____ Payroll Savings: _____ Garnishment: _____

Is this employee covered by your firm's Health Insurance Plan?

If Yes:

Name of Carrier: _____
Address of Carrier: _____
Policy Number: _____
Effective Date of Coverage: _____

Date: _____

Signature: _____

Office Title: _____

Telephone Number: _____



Social Security Number Verification

Date: _____

JOS/Worker: _____

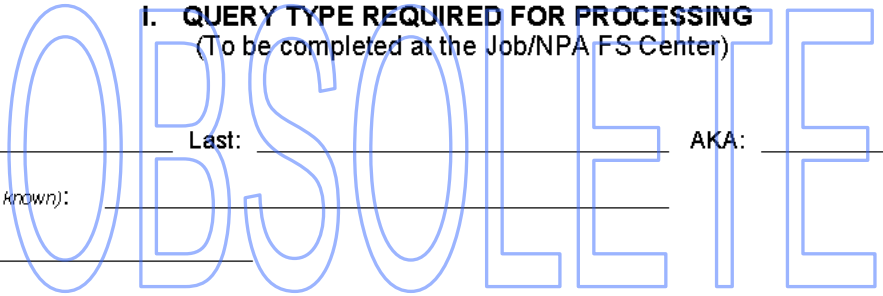
Caseload: _____

To:
Social Security Administration
District Office _____
Address: _____

From:
Job/NPA FS Center _____
Address: _____

The individual named below has applied for public assistance and/or food stamp benefits. Per agreement between the Social Security Administration and the Human Resources Administration, we are requesting that you verify the Social Security Number of this applicant. Please complete Part II of this form, attach appropriate documentation and return to us in the enclosed envelope.

I. QUERY TYPE REQUIRED FOR PROCESSING (To be completed at the Job/NPA FS Center)



Name of Individual

First: _____ Last: _____ AKA: _____

Social Security Number (if known): _____

Date of Birth: _____

Place of Birth: _____ Country (if born outside the U.S.): _____

Mother's Name

First: _____ Last: _____ Maiden Name: _____

Father's Name

First: _____ Last: _____

II. TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

<input type="checkbox"/> VERIFIED:	<input type="checkbox"/> The individual's name and Social Security Number match.
	<input type="checkbox"/> Social Security Number verification printout attached.
<input type="checkbox"/> UNVERIFIED:	<input type="checkbox"/> Social Security Number does not belong to the individual named above.
	<input type="checkbox"/> Birth date indicated does not match the information on file.

Clearance Date _____

Telephone Number _____

Signature of SSA Official _____