



# FAMILY INDEPENDENCE ADMINISTRATION

Matthew Brune, Executive Deputy Commissioner




James K. Whelan, Deputy Commissioner  
Policy, Procedures, and Training

Lisa C. Fitzpatrick, Assistant Deputy Commissioner  
Office of Procedures

## POLICY BULLETIN #10-66-OPE (This Policy Bulletin Replaces PB #10-23-OPE)

### APPLICANT REFERRALS TO THE TRAINING ASSESSMENT GROUP (TAG)

<b>Date:</b> June 25, 2010	<b>Subtopic(s):</b> TAG
<p> This procedure can now be accessed on the FIAweb.</p>	<p><b>Revisions to Original Policy Bulletin:</b></p> <p>This policy bulletin is being revised to specify that:</p> <ul style="list-style-type: none"> <li>• if the applicant appears for the <b>935R</b> (Training Documentation Return Appointment) return appointment but fails to bring the necessary documentation without good cause, the case could be referred to an employment activity assignment.</li> <li>• if the applicant is a legally responsible relative, and does not appear for the <b>935R</b> return appointment, his/her case will be denied.</li> </ul> <p>In addition, minor revisions have been made to the Training Documentation Return Appointment (<b>W-500ZZ</b>), the Notice of Applicant Self-Enrollment in Training/Education Program (<b>W-507A</b>), and the FIA School/Training Enrollment Letter (<b>W-700D</b>) to accommodate these changes.</p> <p><b>Purpose:</b></p> <p>The purpose of this policy bulletin is to advise Job Center staff of the following:</p> <ul style="list-style-type: none"> <li>• Action Code <b>935T</b> (Applicant Enrolled in Vocational/Educational Training) can only be posted if certain documents verifying school enrollment have been submitted by the applicant.</li> <li>• Action Code <b>935R</b> is posted to provide the applicant with a return appointment to bring in the school enrollment documents.</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 Fax* or fax to: (917) 639-0298

Action Code **935T** can only be posted if one of the following documents is provided by the applicant as verification of school enrollment:

See **Attachment A** for sample documentation.

- Bursar's Receipt
- Registrar's Receipt
- Acceptance Letter

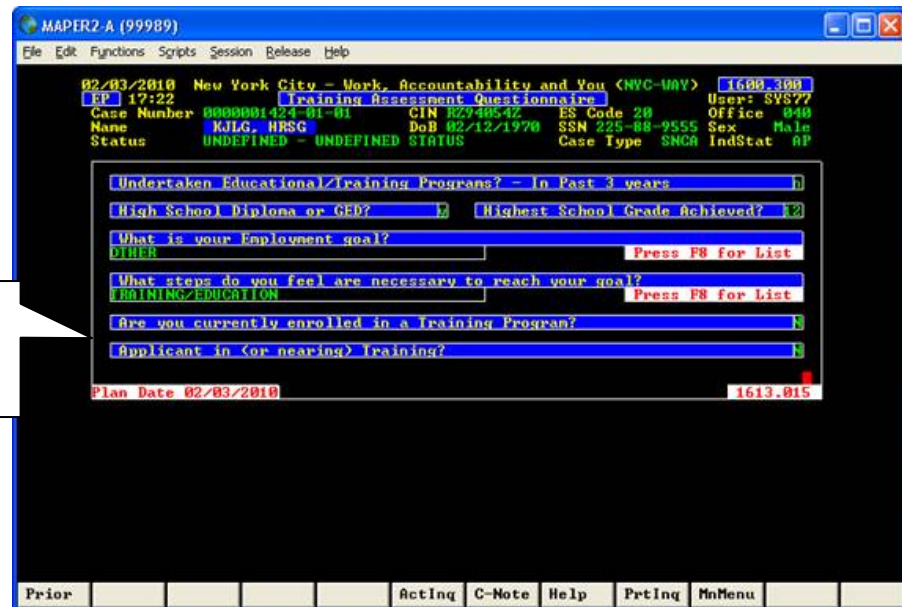
If the applicant indicates that he/she is currently enrolled in training, or about to start training within 30 days, the JOS/Worker must:

- Initiate the Employment Plan (EP) and proceed to the **Training Assessment Questionnaire** screen.
- Enter **Y** or **N** to the question, "Are you currently enrolled in a training program?" and a **Y** or **N** to the question, "Applicant in (or nearing) Training?"

A **Y** must be entered for at least one of the questions.

**Training Assessment Questionnaire** screen

Two questions to which Worker must answer Yes or No.



- Transmit and the **TAG Documentation Inquiry** screen appears.

## TAG Documentation Inquiry screen

Submission of the **W-700D** by itself does not allow a referral to TAG.

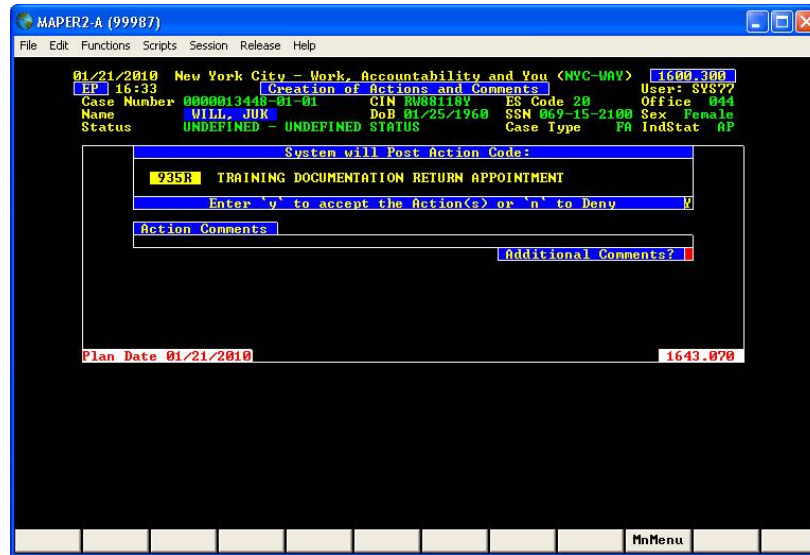
Give the applicant a copy of the **W-700D**.

- Enter a **Y** or **N** to indicate whether or not the applicant has a completed “School Letter (**W-700D**),” or an “Acceptance Letter, Registrar’s/Bursar’s Receipt,” verifying school enrollment (see **Attachment A** for sample documentation).
- If the answer is **Y** to “Acceptance Letter, Registrar’s/Bursar’s Receipt,” and **N** to the **W-700D**, NYCWAY will offer to post Action Code **935T** (see page 5).
  - If the answer is **N** to the completed “School Letter (**W-700D**),” the JOS/Worker must give the applicant the form and inform him/her that the form must be completed by his/her appointment at TAG.
- If the answer is **Y** to the “School Letter (**W-700D**),” and **Y** to “Acceptance Letter, Registrar’s/Bursar’s Receipt,” NYCWAY will offer to post Action Code **935T** (see page 5).
  - If the answer is **Y** to the completed “School Letter (**W-700D**),” the JOS/Worker must obtain the applicant’s signature on pages 1 and 2 of the **W-700D**, and scan and index the form.
- If the answer is **N** to “Acceptance Letter, Registrar’s/Bursar’s Receipt,” the **Creation of Actions and Comments** screen will appear.

**Note:** Staff must scan and index all documentation submitted to verify school enrollment. Scan and index the **W-700D** only if the form has been completed by the School/Training Program and signed by the applicant.

## Creation of Actions and Comments screen

NYCWAY offers to post Action Code **935R** when the applicant does not have at least one document from **Attachment A**, or the list on page 2.



- Enter **Y** to post Action Code **935R**, transmit, and NYCWAY will automatically schedule a return appointment and print a copy of the **W-500ZZ** form.
  - Obtain the applicant's signature on the **W-500ZZ**, scan and index the form, and give the original to the applicant.
- Emphasize to the applicant that he/she must return with one of the following three documents: a Registrar's Receipt, a Bursar's Receipt, or an Acceptance Letter on the school's letterhead. If he/she fails to provide the documentation without good cause, he/she will be referred to an employment activity. If the applicant is a legally responsible adult, and fails to keep the return assessment appointment, his/her Cash Assistance (CA) case will be denied.
- Indicate that a completed **W-700D** can be included with one of the above three documents.

At the return appointment the JOS/Worker must:

- Update the EP and access the **Training Assessment Questionnaire** screen.
- Enter **Y** to one of the two questions "Are you currently enrolled in a training program" and "Applicant in (or nearing) Training?," transmit, and proceed to the **TAG Documentation Inquiry** screen if the applicant returned with the proper documents.

If the Non-legally Responsible Adult fails to comply with this requirement, only his/her line is denied, eligibility for the other H/H members is determined separately.

## TAG Documentation Inquiry screen

The Worker must scan and index all documents returned by the applicant.

MAPER2-A (99987)

File Edit Functions Scripts Session Release Help

01/21/2010 New York City - Work, Accountability and You <NYC-WAY> 1600.300

EP 16:54 TAG - Documentation Inquiry User: SVS77

Case Number 0000013448-01-01 CIN RM8818V ES Code 20 Office 044

Name WILL, JUK DoB 01/25/1960 SSN 069-15-2100 Sex Female

Status INTAKE - RETURN APPOINTMENT SCHEDULE Case Type PA IndStat AP

Plan Date 01/21/2010 1613.203

Prior ActInq C-Note Help PrtInq MnMenu

The applicant must return with at least one document from **Attachment A**, or the list on page 2.

NYCWAY will offer to post Action Code **935T** if the applicant has one of the documents listed on page 2 (see **Attachment A** for examples).

- Enter **Y** if the applicant returned with a completed **W-700D**.
- Enter **N** if he/she does not have the **W-700D** completed, and then proceed to the next question.
- Enter **Y** if the applicant returned with one of the documents verifying training enrollment as shown on page 2 and **Attachment A**.
- Scan and index all the documents provided by the applicant. The **W-700D** must be scanned and indexed if it has been completed by the School/Training Program, and signed by the applicant.
- Transmit, and NYCWAY will offer to post Action Code **935T**.

## Creation of Actions and Comments screen

NYCWAY offers to post Action Code **935T** when the applicant submits at least one document from **Attachment A**, or the list on page 2.

The **W-507A** automatically prints when the **935T** posts.

New Information

- Enter **Y** to post the **935T** to batch schedule the applicant for a TAG referral when his/her case is accepted, and retrieve a copy of the **W-507A** from the printer. A referral to the Back to Work (BTW) vendor is not required.

- Inform the applicant to bring a completed **W-700D** to his/her TAG appointment, if he/she hasn't already submitted it.

**Note:** The TAG Worker must obtain the applicant's signature on page 1 and 2 of the **W-700D** before scanning and indexing it.

- Enter an **N** if the applicant keeps the return appointment, but fails to submit the documentation verifying training enrollment listed on page 2 and **Attachment A**.
  - The EP will continue its standard processing and display either the Childcare or BTW screens.
- If the CA case is in Applying (**AP**) or Single Issue (**SI**) status, and the applicant failed to keep the return appointment, NYCWAY will autopost the Action Code **91FR** (Failed to Report to Return Appointment) on applicants who FTR to the **935R**. This autopost will occur four business days after the Return appointment date. The case will appear on the **ISAR** Worklist.
- If the case becomes Active (**AC**) by the time of the appointment/infracton, the **430K** (Failed To Report/Cooperate With OES Assessment Appt)/**434A** (Failed To Keep Mandatory Appointment) will autopost four business days from the date of the appointment/infracton, and initiate a conciliation appointment.

New Information

Refer to the Employment Processing Manual for details on an applicant returning to BTW.

**Note:** Applicants who were assigned to BTW and then, within five business days of the BTW assignment, claim to be enrolled in training, should be referred to the Outstationed Worker who will post Action Code **917T** (Vendor Applicant Appointment to Job Center for Training Claim). If the applicant claims training after five business days, he/she must remain at BTW until the case is accepted.

*Effective Immediately*

**Related Item:**

Employment Processing Manual

**Attachments:**

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

- Attachment A** Samples of documentation
- W-500ZZ** Training Documentation Return Appointment/Assessment (Rev. 6/25/10)
- W-500ZZ (S)** Training Documentation Return Appointment/Assessment (Spanish) (Rev. 6/25/10)
- W-507A** Notice of Applicant Self-Enrollment in Training/Education Program (Rev. 6/25/10)
- W-507A (S)** Notice of Applicant Self-Enrollment in Training/Education Program (Spanish) (Rev. 6/25/10)
- W-700D** FIA School/Training Enrollment Letter (Rev. 6/25/10)
- W-700D (S)** FIA School/Training Enrollment Letter (Spanish) (Rev. 6/25/10)

81 Willoughby Street  
BROOKLYN NY 11201



TEL: 718 - 522 - 9073  
FAX: 718 - 532 - 1433

THE COLLEGE FOR EXCELLENCE

## REGISTRATION VERIFICATION NOTICE

This is to verify that the following individual is registered, but has not started the program of the study at ASA Institute.

A Full-time       A Part-time Student

Last Name:	McKenzie		
First Name:	William		
Soc. Sec. #:	122-70-8473		
	PROGRAM		
	Comp. Progr. & Inf. Tec. - 5sem		
Vend. Code:	T 1393 / A83		
Start:	6/16/2008		
Project end:	1/31/2010		
<input checked="" type="checkbox"/> Total Program credit:	64	<input checked="" type="checkbox"/> Credit per semester:	15
<input type="checkbox"/> Total Program hours:		<input type="checkbox"/> Contact hours per week:	
Comments:			

Please contact Registrar's Office for any further information.

Registrar's Office

6/10/2008

ASA INSTITUTE OF BUSINESS  
AND COMPUTER TECHNOLOGY  
REGISTRAR'S OFFICE  
151 LAWRENCE ST.  
BROOKLYN, NY 11201



Page	Date	Cnt	Hrs	Credits	Eq Cred	Div	Bill	Adm	Grp	Major	Res	Reg Typ	OPR	Term	ID Number
1/1	12/12/2008	01	14.0	12.0	12.0	0	8	1	4	033	933	DW	DEHAC	SPR'09	0000025532-0

STUDENT WILL BE PERSONALLY RESPONSIBLE FOR THE TUITION ONCE REGISTERED

COURSE CODE	DEPT/CRS NUM	SECTION	HOURS	CRED	EQ CRED	COURSE TITLES-TIME-LOCATION	TUITION	SPECIAL FEE	GRADE	CON
0002	D ACCT 217	001	4.0	3.0	3.0	PRINCIPLES OF ACCT I T,TH 02:00-03:40PM S 201	510.00			
0235	D CIS 211	001	4.0	3.0	3.0	COMPUTER & INFORMATI T,TH 08:00-09:40AM B 2010	510.00			
0305	D ECON 212	001	3.0	3.0	3.0	PRINCIP OF MACROECON M,W 08:30-09:45AM S 203	510.00			
1014	D SPCH 102	008	3.0	3.0	3.0	FUNDAMENT OF SPCH T,TH 12:30-01:45PM C M6	510.00			

SAMPLE

ACCT REC P/A APPL	SOURCE	AMOUNT	CHARGES	AMOUNT
TAP	24	\$1,787.50	TUIT FT R UD RES UK	\$2,000.00
PELL	FT	\$365.35	SAF FT DAY 04	\$35.85
			CON. SERV/TECHNO FEE	\$115.00
			TOTAL CHARGES	\$2,150.85
TOT AIR P/A APPLIED			PAID THIS AMOUNT	\$2,150.85
				\$0.00

Return this portion with payment by CHECK or CREDIT CARD in the enclosed envelope.  
For CREDIT CARD payments, please complete information below:

DO NOT MAIL CASH  
Amount Due: \$0.00  
Date Due: 12/12/2008  
Credits: 12.0

Check One:  VISA  MASTERCARD  
CARD#

Signature: \_\_\_\_\_ Exp Date: \_\_\_\_\_

53 200402 1255635326 00 00 00000000 00 00000000 20881212 6

TONIA R. HANDY  
15 KOSCIUSZKO STREET APT3R  
BROOKLYN NY 11205

NEDGAR EVERS COLLEGE  
G.P.O.P.O. BOX 29184  
NEW YORK, NY 10087-9184



I understand that I am liable for the full amount of my tuition fees whether or not I receive grants, scholarships, or other financial support.

Student must sign \_\_\_\_\_

Date: \_\_\_\_\_



188 MONTAGUE STREET  
BROOKLYN NY 11201  
WWW.ALLENSCHOOL.EDU  
PHONE 1 718 243 1700  
FAX 1 718 875 2855

1247209

Date: 2/11/09

To Whom It May Concern:

Re: Jandyrz Rivera  
SSN: ~~\*\*\*~~ - ~~\*\*\*~~ - 1864

This letter is to verify that Jandyrz-Rivera is currently attending our Medical Assistant Program. He/She started the program on 2/16/09 - 10/30/09

The student's schedule is Monday to Friday 8:30am- 3:30pm.

If you have any questions, please feel free to contact me at the number indicated above.

Sincerely,

  
L. Mitchell  
Director

SAMPLE



# GLOBAL BUSINESS INSTITUTE

146 East 125<sup>th</sup> Street New York, New York 10035 - (212) 663-1500

January 22, 2009

To Whom It May Concern:

This is certifying that Cora Cintron is a student of Global Business Institute in the Computerized Office Specialist Program with Internship from February 23, 2008 to June, 2009.

Global Business Institute is registered by the New York State Education Department and is a post-secondary vocational institute.

Student attends classes from Monday 12, 2009 through Friday 16, 2009 between the hours of 8:00 a.m. and 4:00 p.m.

If further information is needed, please contact me at the above number.

Sincerely,

A handwritten signature in black ink, appearing to read "Ms. Davis". The signature is written in a cursive style.

Ms. Davis  
Student Advocate

6859208

SEMPG002 025

EMERGENCY INFORMATION INQUIRY

08/12/2009 095633

071-78-9087 TORRES, MARIA A  
 ADDR 37-57 WARREN STREET APT 1 FLO  
 ADDR2 JUNCTION HEIGHT NY 11372-0000  
 PROG C044 STOP PROB (718) 446-1155  
 DIV D BILL B ADM 1 GRP 1 RES 934 MAJ 111 2ND MAJ MIN SKCD N SEN CITZ N  
 ADVISOR COPE OFFICE (MB 13)

IN EMERGENCY NOTIFY

STA CODE	DISCP	NUMB	SEC	DAYS	STARTS	ENDS	BLOG ROOM	INSTRUCTOR
0851	ENG	102	0851	M,W,F	01:00PM-02:00PM	B	302	RIMMER
1472	ELS	101	1472	M,W,TH	10:30AM-11:30AM	E	222	STAFF
				F	10:30AM-11:30AM	E	213	
1616	MAT	120	1616	M	08:00AM-10:15AM	M	110	STAFF
				W	08:00AM-09:00AM	E	217	
				W	09:15AM-10:15AM	M	110	STAFF
3317	HUM	104	3317	M,W,F	11:45AM-12:45PM	E	120	STAFF
7741	SSA	101	7741	M,T,TH	11:45AM-02:00PM			STAFF

PF1=NEW STUDENT	PF2=NEXT TERM	PF3=PRIOR TERM
4-0	1 Sess-1 128.228.1.20	TCPO1186 22/74

5/PA  
2.1

COPE PROGRAM  
 LaGuardia Community College  
 340 Thomson Ave, Room 413  
 Long Island City, NY 11101  
 (718) 482-6479

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_

### Training Documentation Return Appointment/Assessment

You have informed HRA that you are currently enrolled in a training program. 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. You must provide proof of enrollment on the appointment date. If not, you will be referred for an employment activity assignment.

Location Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_

You must see your Worker at the appointment listed above.

One of the following three documents is required (must be original).

- Registrar's Receipt
- Bursar's Receipt
- Acceptance Letter

Until you provide the necessary documentation, you will not be referred to Training Assessment Group, and your selected training program will be considered an invalid activity.

Failure to submit verification/documentation may result in your placement in an employment activity assignment.

Failure to appear for the return assessment appointment may result in a denial of your application for cash assistance.

\*By signing this notice, you (applicant) are acknowledging that you have received notification of the required documentation and the appointment date as indicated above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker's Telephone Number

Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Centro: \_\_\_\_\_

### Cita de Vuelta para Evaluación de Documentos de Capacitación

Usted le ha informado a la HRA que está actualmente inscrito(a) en un programa de capacitación. Como condición de elegibilidad para Asistencia en Efectivo, usted tiene que participar en actividades de trabajo aprobadas por 35 horas a la semana. Es necesario llevar a cabo una evaluación de capacitación a fin de determinar si sus horas de asistencia al programa de capacitación/educación en el cual usted está inscrito(a) se pueden tomar en cuenta para calcular las 35 horas a la semana estipuladas. Usted debe proporcionar en la fecha de la cita prueba de la inscripción. De lo contrario, usted será enviado(a) a una asignación de actividad de empleo.

Nombre del Local: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Fecha de la Cita: \_\_\_\_\_ Hora: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Usted debe reunirse con su Trabajador en la cita mencionada arriba.

Uno de los siguientes tres documentos se necesita (debe ser original)

- Recibo de Inscripción
- Recibo de Matriculación
- Carta de Aceptación

Hasta que usted proporcione la documentación necesaria, no será enviado(a) a una Evaluación de Capacitación de Grupo, y su programa seleccionado de capacitación se considerará una actividad inválida.

El no presentar comprobante/documentación puede resultar en su colocación en una asignación de actividad de empleo.

El no presentarse a la cita de vuelta de evaluación podría resultar en la denegación de su solicitud para asistencia en efectivo.

Al firmar este aviso, usted (el/la solicitante) da fe de que ha recibido notificación de la documentación necesaria y de la fecha de la cita como se indica arriba.

\_\_\_\_\_  
Firma del Solicitante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Trabajador

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Número de Teléfono del Trabajador

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

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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 or a school acceptance letter. 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) sobre su auto-inscripción en el

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programa de capacitación/educacional. Sin embargo, como condición de elegibilidad de 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 en el programa de capacitación/educacional al que usted se inscribió se pueden acreditar a las 35 horas semanales estipuladas, debe llevarse a cabo una evaluación de capacitación.

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 aptitudes lingüísticas y matemáticas, al igual que vez una entrevista para establecer sus metas laborales, de manera que se le puedan asignar actividades de trabajo adecuadas, lo que incluye experiencia laboral, búsqueda de empleo 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 matrícula o una carta de aceptación. 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 promedio de su puntaje escolar (Grade Point Average – GPA). Si usted está participando en el Programa Federal de Estudio y Trabajo (Federal Work Study Program – FWS) tiene que traer la Carta de Concesión de 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 la cita con TAG, lo cual no significa que actividad de capacitación se haya aprobado. Si tras la evaluación, no se aprueba su programa, usted puede seguir asistiendo al programa de capacitación durante las horas en que no se estipula 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 establecer pagos de cuidado infantil que facilitarán su participación en actividades aprobadas, mientras reciba Asistencia en Efectivo. En tal caso, por favor traiga los documentos llenados a su cita de TAG para que sus datos sean ingresados al sistema.



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_

### FIA School/Training Enrollment Letter

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#### 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.

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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 Name: \_\_\_\_\_

Program Name/Course of Study: \_\_\_\_\_

Vendor Code: \_\_\_\_\_

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)								
								<b>Total Weekly Hours</b>

SAMPLE

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

	Weekly Amount	Source
Carfare? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____
Child Care? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____

**D. Breakdown of Expenses**

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

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

SAMPLE

\_\_\_\_\_  
 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 Name: \_\_\_\_\_

Program Name/Course of Study: \_\_\_\_\_

Vendor Code: \_\_\_\_\_ 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.)

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SAMPLE

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\*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**

		<b>Non-Title IV Funded Educational Grants, Loans and Scholarships</b>	
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SAMPLE

\_\_\_\_\_  
 Print Name (Authorized School Representative)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Telephone Number

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

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FIA Worker's Signature

\_\_\_\_\_  
Date

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Weekly Child Care	
Child's Name: _____	Weekly Child Care Amount:
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_____	\$ _____
_____	\$ _____