



# 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 #10-91-OPE

### REVISIONS TO FORM W-584K

<b>Date:</b> August 24, 2010	<b>Subtopic(s):</b> Forms
<p> This procedure can now be accessed on the FIAweb.</p>	<p>The purpose of this policy bulletin is to inform Job Center staff that the Mandatory Appointment for Evaluation of Work Activity (<b>W-584K</b>) form has been revised to reflect the Agency’s most current terminology and logo.</p> <p>The form also has been revised as follows:</p> <ul style="list-style-type: none"> <li>• The statement “If you have any barriers to employment that would prevent you from complying with work activities, please bring supporting documentation to the appointment” has been added.</li> <li>• A statement has been added instructing those with physical, mental health, or learning problems to call the listed telephone number if it is difficult for them to keep the appointment.</li> </ul> <p>The <b>W-584K</b> is generated with the use of the following action codes:</p> <ol style="list-style-type: none"> <li>1. <b>109A</b> <i>Call-in letter-employed &lt;20hr/wk</i>: We have recently reviewed your BEGIN record and see that you are working less than 20 hours per week. This is an insufficient number of work hours to excuse you from a work activity.</li> </ol>

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


2. **109D** *Call-in letter-FTR/FTC Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE):* During your last interview we discussed with you your employability and availability for participation in the BEGIN program. At that time you claimed that you could not participate. You were referred to WeCARE (Wellness Comprehensive Assessment, Rehabilitation, and Employment) for a medical evaluation and you were given an appointment notice to report to WeCARE. You did not report or complete your medical evaluation. As a result, you have been found to be employable.
3. **109G** *Call-in letter-mandatory appt. (assignment to Begin Employment Gain Independence Now [BEGIN]):* A review of our records indicate that you must participate in the NYCWAY/BEGIN program.
4. **110A** *Call-in for employment interview (assignment to Work Experience Program [WEP]):* As an employable Safety Net participant who is not working full-time, you are required to participate in the Work Experience Program and other programs that will help you find work. You must participate in these programs in order to be eligible for cash assistance.
5. **110Z** *Call-in letter EVR/ORI:* As an employable Safety Net participant who is not working full-time, you are required to participate in the Work Experience Program and other programs that will help you find work. You must participate in these programs in order to be eligible for cash assistance.
6. **191H** *ADVENT 2 Referral:* As an employable participant who is not working full-time, you are required to participate in the Work Experience program and other programs that will help you find work. You must participate in these programs in order to be eligible for cash assistance.

Samples of the revised form are attached.

*Effective Immediately*

**Attachments:**

- |                   |  |
|-------------------|--|
| <b>W-584K</b>     | Mandatory Appointment for Evaluation of Work Activity (Rev. 8/24/10)           |
| <b>W-584K (S)</b> | Mandatory Appointment for Evaluation of Work Activity (Spanish) (Rev. 8/24/10) |

 Please use Print on Demand to obtain copies of forms.

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Type: \_\_\_\_\_  
Center: \_\_\_\_\_  
Caseload: \_\_\_\_\_  
Action Code: \_\_\_\_\_

### Mandatory Appointment for Evaluation of Work Activity

As a person required to participate in work activities, you must participate in HRA-approved work activities for up to 35 hours per week. A mandatory appointment to review your work activity has been scheduled as indicated below.

Please bring any documentation you feel would help us review your current work activities. If you are now working, you must bring proof of your earnings and work hours (such as pay stubs or a letter from an employer) to this appointment. If you are enrolled in a school or training program, you must bring proof of enrollment signed by the school registrar with the school's official seal.

If you have a child under the age of 13, or have a child under the age of 19 with a special need, the City of New York will pay for your child care and, if needed, will help you find a child care provider for the time you are required to be engaged in a work-related activity.

If you have any barriers to employment that would prevent you from complying with work activities, please bring supporting documentation to the appointment.

Your appointment is scheduled for:

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Location Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you have any questions or are unable to keep this appointment, please call the telephone number above. You must contact us prior to your reporting time to arrange a new appointment. You can also call this number if you have a physical, mental health, or learning problem that makes it difficult for you to keep this appointment.

**This is a mandatory engagement appointment. Failure to keep this appointment or cooperate may result in the reduction or loss of your cash assistance.**

If you are a single parent or caretaker relative, you may have the opportunity to participate in a range of work activities, including work experience, job search, and education or training programs. This assessment will help us assign you to a work activity or program that would best assist you in moving from welfare to work.

Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Tipo de Caso: \_\_\_\_\_  
Centro: \_\_\_\_\_  
Unidad de Casos: \_\_\_\_\_  
Código de Acción: \_\_\_\_\_

### Cita Obligatoria para Evaluación de Actividad de Trabajo

Como es usted una persona a quien se le requiere participar en actividades de trabajo, tiene que participar en actividades de trabajo aprobadas por HRA hasta un máximo de 35 horas a la semana. Se le ha programado una cita obligatoria para revisar su actividad de trabajo como se indica abajo.

Favor de traer cualquier documentación que usted considere útil para que nosotros podamos evaluar sus actividades de trabajo actuales. Si usted trabaja actualmente, tiene que traer a esta cita comprobantes de su ingreso y horas de trabajo (como talones de paga o una carta de su empleador). Si usted está matriculado en una escuela o programa de capacitación, tiene que traer comprobante de matriculación con el sello de la escuela y firmado por la oficina de matriculación de la escuela.

Si usted tiene un niño menor de 13 años de edad, o un niño menor de 19 años de edad con necesidades especiales, la Ciudad de Nueva York le pagará el cuidado infantil y, si necesario, le ayudará a encontrar un proveedor de cuidado infantil para las horas durante las cuales se le requiere participar en actividades de trabajo. Si usted tiene algún obstáculo respecto al empleo que le impediría cumplir las actividades de trabajo, favor de traer documentación justificativa a la cita.

Su cita está programada para:

Fecha de la Cita: \_\_\_\_\_ Hora: \_\_\_\_\_ Teléfono: \_\_\_\_\_  
Nombre del Local: \_\_\_\_\_  
Dirección: \_\_\_\_\_  
Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Si tiene alguna pregunta o si no puede cumplir esta cita, favor de llamar al número de teléfono más arriba. Usted tiene que comunicarse con nosotros antes de la hora de su cita. Usted también puede llamar a este número si tiene un problema físico, mental, o de aprendizaje que le dificulta cumplir esta cita.

**Esta es una cita de participación obligatoria. El no acudir a esta cita o no cooperar puede resultar en la reducción o pérdida de su caso de asistencia en efectivo.**

Si usted es madre o padre soltero(a) o pariente proveedor de cuidado, puede que tenga la oportunidad de participar en toda una serie de actividades de trabajo, incluidas experiencia de trabajo, búsqueda de trabajo, y programas educacionales o de capacitación. Esta evaluación nos ayudará a asignarle una actividad de trabajo o un programa que mejor le ayude en su transición del bienestar público al trabajo.