




# OFFICE OF POLICY, PROCEDURES, AND TRAINING

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## POLICY BULLETIN #16-43-OPE

### OBSOLETION OF (W-450E)

<b>Date:</b> May 18, 2016	<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 all staff that the following form is now obsolete:</p> <ul style="list-style-type: none"><li>• Referral Form to Community Based Organizations (W-450E).</li></ul> <p>Center Directors must ensure that all previous versions of the form are removed from circulation and recycled.</p> <p><i>Effective Immediately</i></p> <p><b>Attachments:</b></p> <p><b>W-450E</b>      Referral Form to Community Based Organizations (Obsolete)</p>

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

Referral for FEPS   Other \_\_\_\_\_

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

**Referred To**

Case Number: \_\_\_\_\_

- BronxWorks  N.A.I.C.A.
- C.A.M.B.A.  Legal Aid/Legal Services
- Catholic Charities  N.Y.L.A.G.
- Queens Community House  Other \_\_\_\_\_

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

Center: \_\_\_\_\_

**Office of Homelessness Diversion  
Referral Form to Community Based Organizations**

**Address**

Category

Zip Code

Case Composition

Number of Adults

Number of Children

OBSOLETE

**Sanction Status**

If anyone in the Household is SANCTIONED:

Indicate his/her Name: \_\_\_\_\_

Sanctioned: \_\_\_\_\_

Reasons for SANCTION: \_\_\_\_\_

Corrective ACTION: \_\_\_\_\_

**Rent Status**

Actual Rent Amount Budgeted

\$ \_\_\_\_\_ \$ \_\_\_\_\_ If RENT is restricted, indicate:  Direct Vendor  Two-party

**Third Party Information**

Last

First

3rd Party's contribution Toward Rent Relationship to Participant

\$ \_\_\_\_\_ per \_\_\_\_\_

**Telephone Number**

**Address**

**If Participant is Represented by Another Agency, Indicate:**

Zip Code

Agency's Name: \_\_\_\_\_

Contact's Name: \_\_\_\_\_

Contact's Telephone Number: \_\_\_\_\_

**Include the Following Items With Your Referral:**

Caseworker's Name: \_\_\_\_\_

Caseworker's Phone Number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

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

- (1) Copies of All Court Documents
- (2) Printout of WMS Case Inquiry Screens:
  - (a) 10 Months of Benefit Insurance Screen (#3)
  - (b) WMS Case, Suffix, Ind., Summary Screen (#22)
  - (c) WMS Associated Names and Addresses Screen (#2)
- (3) Landlord Agreement (4) Lease