Human Resources Administration
Department of Social Services

OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #17-64-OPE

(This Policy Bulletin replaces PB #15-30-OPE)

MONTHLY UPDATES: (HRA-121, W-145G, W-147F, W-200B, FIA-1021H, FIA-1021L, FIA-1021M, FIA-1054, FIA-1188A, FIA-1188C, FIA-1188E, FIA-1188F, FIA-1188I)

Date:	**Subtopic(s):**
July 03, 2017	Forms

The following forms have been updated or added on eDocs:

- "Referral to CareerCompass" form (**FIA-1188a**), "Referral to YouthPathways" form (**FIA-1188c**), "Referral to CareerAdvance" form (**FIA-1188e**), "Partnership Opportunity Referral Letter" form (**FIA-1188f**), and "Appointment With HRA Staff at" form (**FIA-1188i**) were revised. The specific revisions are listed below:

  - The changes listed below were made to the **FIA-1188a**, **FIA-1188c** and **FIA-1188e** forms:

    - The word "Vendor" was removed from the title; and
    - Some of the fillable spaces on page two were replaced with the word "they";

  - The second sentence in the third paragraph of the **FIA-1188a**, **FIA-1188c**, **FIA-1188e** and **FIA-1188f** forms was changed to:

    "*If you cannot keep your appointment because of a child care issue, please let your provider know in advance.*";

  - The changes listed below were made to the **FIA-1188a**, **FIA-1188c**, **FIA-1188e**, **FIA-1188f** and **FIA-1188i** forms:

    - The word "vendor" was changed to "provider" throughout the form; and
    - Some of the language that had previously been on page two was modified and moved to the bottom of the first page, beginning with the sentence "***This is a mandatory appointment***.".

- "Broker's Request for Enhanced Fee Payment by Check" form (**HRA-121**) the dates in the bold and underlined sentences were changed from "**June 30, 2017**" to "**June 30, 2018**";

- "DHS/Shelter Facility Referral Form For Single Adults With Income" form (**W-145G**) was revised as follows:

    - The addresses for the East River Job Center and the Union Square Job Center in the "To" field were removed; and
    - The "To" field was made universal for all Job Centers with the addition of "HRA Job Center";

- "Shelter Arrears Repayment Agreement Worksheet" form (**W-147F**) – the "125% of the 2017 Federal Poverty Level Guidelines" table was revised as follows:

    - The year in the title was changed from 2015 to 2017; and
    - The "Monthly Amounts (Rounded)" values were updated to reflect the 2017 125% Federal Poverty Level guidelines.

- "Inter-Agency Date of Status (DOS)[1] and Date Entered Country (DEC)[2] Transmittal Form" (**W-200B**) a check box for "HASA Case" was added to the form;

The following forms have been made obsolete:

- "Notice of Incorrect Mailing" form (**FIA-1021H**);
- "Cancellation of Your Work Experience Program (WEP) Assignment Due to the Waiver of the Able-Bodied Adult Without Dependents (ABAWD) Work Requirements" form (**FIA-1021L**);
- "Cancellation of Your Appointment / Termination of Your Participation With a Back to Work (B2W) Employment Vendor" form (**FIA-1021m**); and
- "Notice of Incorrect Mailing" form (**FIA-1054**).

Center Directors must ensure that only the latest versions of forms (available on HRA eDocs) are used and that previous versions of the forms are removed from circulation and recycled.

Effective Immediately

Related Item:

PB #15-01-OPE

Attachments:

FIA-1188a	Referral to CareerCompass (03/27/2017)
FIA-1188c	Referral to YouthPathways (03/27/2017)
FIA-1188e	Referral to CareerAdvance (03/27/2017)
FIA-1188f	Partnership Opportunity Referral Letter (03/28/2017)
FIA-1188i	Appointment With HRA Staff at (03/27/2017)
HRA-121	Broker's Request for Enhanced Fee Payment by Check (06/06/2017)
W-145G	DHS/Shelter Facility Referral Form For Single Adults With Income (5/31/17)
W-147F	Shelter Arrears Repayment Agreement Worksheet (07/03/17)
W-200B	Inter-Agency Date of Status (DOS)[1] and Date Entered Country (DEC)[2] Transmittal Form (5/30/17)
FIA-1021H	Notice of Incorrect Mailing (**Obsolete**)
FIA-1021L	Cancellation of Your Work Experience Program (WEP) Assignment Due to the Waiver of the Able-Bodied Adult Without Dependents (ABAWD) Work Requirements (**Obsolete**)
FIA-1021L (S)	Cancellation of Your Work Experience Program (WEP) Assignment Due to the Waiver of the Able-Bodied Adult Without Dependents (ABAWD) Work Requirements (**Obsolete**)
FIA-1021m	Cancellation of Your Appointment / Termination of Your Participation With a Back to Work (B2W) Employment Vendor (**Obsolete**)
FIA-1021m (S)	Cancellation of Your Appointment / Termination of Your Participation With a Back to Work (B2W) Employment Vendor (**Obsolete**)
FIA-1054	Notice of Incorrect Mailing (**Obsolete**)

Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Caseload: _____

Referral to CareerCompass

We are referring you to a **CareerCompass** provider. HRA is replacing the Back to Work (B2W) program with a new set of services designed to work closely with you to help you succeed.

_____ will provide services that are more in line with your personal background. By learning about what you need, you will have education, training and job opportunities available. The main goal is to start you on a career path that is just for you. **CareerCompass** is the first step!

You must go to your **CareerCompass** provider on the date, time and at the location below. If you cannot keep your appointment because of a child care issue, please let your provider know in advance.

Appointment Date: _____ Time: _____ Telephone: _____

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

This is a mandatory appointment. If you do not go to this appointment, or miss other program requirements, your Cash Assistance benefits may be lowered or stopped. Your Supplemental Nutrition Assistance Program (SNAP) benefits may also be lowered or stopped if you do not go to this appointment or if you do not do what the program requires for at least 30 hours each week. Failure to comply with Cash Assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

If you have an emergency or need to reschedule this appointment, call the telephone number listed above before your appointment.

See next page ➡

When you go to _____, they will introduce their services to you at an **orientation**. This is where you will learn about the opportunities and services offered. This is also where the rules and requirements of the program will be explained to you.

Next, they will discuss with you one-on-one about your **skills and interests**. They will also talk to you about what you need to be ready for a career.

Using these discussions, they will create a **service plan**. This plan will describe how you can get the tools needed for your own career path. This plan will include the things you need to do based on your own employment or education goals.

_____ will also make sure that you are in the right programs and will help set up everything for you. They will also follow up with you on a regular schedule to **support your progress**.

State law says that you must participate in continuous job search and other work-related activities in order to get and keep getting Cash Assistance.

Do you have a disability or health condition that makes it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? Call us at **212-331-4640** and we can help you. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Caseload: _____

Referral to YouthPathways

We are referring you to a **YouthPathways** provider. HRA is replacing the Back to Work (B2W) program with a new set of services designed to work closely with you to help you succeed.

_____ will provide services that are designed for people ages 18 through 24. By receiving services that support your age group, you will have education, training and job opportunities available. The main goal is to start you on a career path that is just for you. **YouthPathways** is the first step!

You must go to your **YouthPathways** provider on the date, time and at the location below. If you cannot keep your appointment because of a child care issue, please let your provider know in advance.

Appointment Date: _____ Time: _____ Telephone: _____
Provider Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Travel Directions:

This is a mandatory appointment. If you do not go to this appointment, or miss other program requirements, your Cash Assistance benefits may be lowered or stopped. Your Supplemental Nutrition Assistance Program (SNAP) benefits may also be lowered or stopped if you do not go to this appointment or if you do not do what the program requires for at least 30 hours each week. Failure to comply with Cash Assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

If you have an emergency or need to reschedule this appointment, call the telephone number listed above before your appointment.

See next page ➡

When you go to _____, they will introduce their services to you at an **orientation**. This is where you will learn about the opportunities and services offered. This is also where the rules and requirements of the program will be explained to you.

Next, they will discuss with you one-on-one about your **skills and interests**. They will also talk to you about what you need to be ready for a career.

Using these discussions, they will create a **service plan**. This plan will describe how you can get the tools needed for your own career path. This plan will include the things you need to do based on your own employment or education goals. You may stay with your **YouthPathways** provider or you may be able to join an opportunity through another provider that is more in line with your goals and abilities.

_____ will also provide you with services to help you as you start on your career path. They have counselors who will be with you every step of the way, whether you choose an education or job training program or want to look for a job right away.

State law says that you must participate in continuous job search and other work-related activities in order to get and keep getting Cash Assistance.

Do you have a disability or health condition that makes it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? Call us at **212-331-4640** and we can help you. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Caseload: _____

Referral to CareerAdvance

We are referring you to a **CareerAdvance** provider. HRA is replacing the Back to Work (B2W) program with a new set of services designed to work closely with you to help you succeed.

_____ will provide the services that are part of your service plan to help you prepare for a job, get hired and continue to build your career.

You must go to your **CareerAdvance** provider on the date, time, and at the location below. If you cannot keep your appointment because of a child care issue, please let your provider know in advance.

Appointment Date: _____ Time: _____ Telephone: _____

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

This is a mandatory appointment. If you do not go to this appointment, or miss other program requirements, your Cash Assistance benefits may be lowered or stopped. Your Supplemental Nutrition Assistance Program (SNAP) benefits may also be lowered or stopped if you do not go to this appointment or if you do not do what the program requires for at least 30 hours each week. Failure to comply with Cash Assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

If you have an emergency or need to reschedule this appointment, call the telephone number listed above before your appointment.

See next page ➡

When you go to _____, they will introduce their services to you at an **orientation**. This is where you will learn about the opportunities and services offered. This is also where the rules and requirements of the program will be explained.

Next, they will **review your service plan** that was created in CareerCompass. Your service plan will describe the education, training and/or job opportunities that you need to reach your career goals. Your **CareerAdvance** provider will review everything with you to make sure the plan still meets your needs and make changes, if needed.

Depending on your service plan, you may start a **job training** program or immediately start to **look for a job**. Either way, _____ is there to provide the services you need according to the plan created just for you.

After you find a job, the **CareerAdvance** provider will help you succeed in that job by offering workplace support services and ongoing opportunities for career advancement.

State law says that you must participate in continuous job search and other work-related activities in order to get and keep getting Cash Assistance.

Do you have a disability or health condition that makes it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? Call us at **212-331-4640** and we can help you. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

NYC Human Resources Administration | Family Independence Administration
Department of Social Services

FIA-1188f (E) 03/28/2017 LLF

Date: _____

Case Number: _____

Case Name: _____

Case Type: _____

Caseload: _____

Partnership Opportunity Referral Letter

_____ providers and their educational service partners provide services to help applicants/participants find and keep jobs. Based on the results of your educational tests and Employment Plan, you have been assigned to the **Partnership Opportunity** program.

The _____ **Partnership Opportunity** program is designed to prepare you for work by giving you the opportunity to gain education training skills. You will be given carfare and childcare as long as you are fully participating in the program.

We have scheduled an appointment for you with the **Partnership Opportunity** program. You must report on the date, time, and at the location below. If you cannot keep your appointment because of a child care issue, please let your provider know in advance.

Appointment Date: _____ Time: _____ Telephone: _____

Provider Address: _____

City: _____ State: _____ Zip: _____

Travel Directions:

This is a mandatory appointment. If you do not go to this appointment, or miss other program requirements, your Cash Assistance benefits may be lowered or stopped. Your Supplemental Nutrition Assistance Program (SNAP) benefits may also be lowered or stopped if you do not go to this appointment or if you do not do what the program requires for at least 30 hours each week. Failure to comply with Cash Assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

If you have an emergency or need to reschedule this appointment, call the telephone number listed above before your appointment.

Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Case Load: _____

Appointment With HRA Staff at _____

You have an appointment with HRA staff at the _____ provider to discuss:

- ☐ Medical Barrier/WeCARE
- ☐ Substance Abuse/Credentialed Alcohol and Substance Abuse Counselor (CASAC)
- ☐ Needed at Home Barrier
- ☐ Special Assessment
- ☐ Employment Plan
- ☐ GED
- ☐ Other: _____

Your appointment is scheduled for:

Appointment Date: _____ Time: _____ Telephone: _____

Provider Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Travel Directions:

This is a mandatory appointment. If you do not go to this appointment, or miss other program requirements, your Cash Assistance benefits may be lowered or stopped. Your Supplemental Nutrition Assistance Program (SNAP) benefits may also be lowered or stopped if you do not go to this appointment or if you do not do what the program requires for at least 30 hours each week. Failure to comply with Cash Assistance work requirements has no effect on your Medicaid eligibility. There are no work requirements for Medicaid.

If you have an emergency or need to reschedule this appointment, call the telephone number listed above before your appointment.

See next page ➡

Please bring the following document(s) to your appointment:

Do you have a disability or health condition that makes it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? Call us at **212-331-4640** and we can help you. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

Human Resources Administration
Department of Social Services

HRA-121 (E) 06/06/2017

Date:	Tenant's Name:
Lease ID # (if applicable):	Telephone Number:

Broker's Request for Enhanced Fee Payment by Check

HRA will issue a check for a broker's fee for households that are exiting DHS and HRA shelters as well as certain other households if the tenant is otherwise eligible and the Broker meets **all** of the following criteria:

- The Broker has verified that the actual rental unit has a current Certificate of Occupancy in effect issued by the New York City Department of Buildings.
- No change has been made in the occupancy or use of the rental unit that is inconsistent with the last issued Certificate of Occupancy.
- No dangerous or hazardous violations are present on the premises.
- The Broker has a current broker's license in good standing.
- The Broker is not the owner, controlling person, or an affiliate of the owner of the actual rental unit.
- The lease or rental agreement is for one year or longer

I (we) _____ , located at
Name of Broker

_____
Address

_____ _____ _____
Borough State Zip Code

request payment for services rendered in the form of a check in the amount of $ _____ on behalf of the above-named tenant who will be the primary tenant of the premises located at:

_____ _____
Address Apartment Number

_____ _____ _____
Borough State Zip Code

This amount represents the entire broker's fee. The tenant is not responsible for any monies in excess of the amount issued by HRA, which is equal to 15% of the annual rent. **This enhanced broker's fee expires June 30, 2018. Brokers who submit the Broker's Request for Enhanced Fee Payment by Check form on or before that date will receive the enhanced fee even if the leasing process is not completed by June 30, 2018.**
I (we) certify that I (we) have not requested any fees directly from the tenant, other than, if applicable, an incidental apartment application fee required of all tenant applicants, and am (are) not aware of the landlord requesting any fees from the tenant other than what is set forth in the lease/agreement.

I (we), as the Broker of the above-named premises, certify that this rental unit meets all of the criteria listed above.

I (we) agree to promptly refund to HRA the Broker's fee paid hereunder if the tenant fails to move into the above-described premises or equivalent premises acceptable to the tenant.

Failure to provide true and accurate statements is punishable as a Class A Misdemeanor pursuant to Penal Law § 175.30 (offering a false instrument for filing to a public office or a public servant).

_____ _____ _____ _____
Broker's Signature Date License Number Telephone Number

_____
If corporation, name of officer and corporate seal

Form W-145G
Rev. 05/31/17

NYC Human Resources Administration Department of Social Services | Family Independence Administration

Date: _____

Resident's Name: _____

Shelter Entry Date: _____

To: **HRA Job Center**

From: _____ DHS/Shelter Facility

_____ Facility code

_____ Address

DHS/Shelter Facility Referral Form For Single Adults With Income

Please be advised that we are referring _____ to apply for Cash Assistance because he/she is potentially eligible for one of the Living in Communities (LINC) Rental Assistance Programs (check only one box). He/she has resided in the shelter since the date indicated above.

The household is potentially eligible for one of the following LINC Programs (Check One):

☐ LINC IV

☐ LINC V

_____

DHS Worker's Name

NYC Human Resources Administration | Family Independence Administration
Department of Social Services

Date: _____

Case Number: _____

Case Name: _____

Center Number: _____

Shelter Arrears Repayment Agreement Worksheet

(Use for EAF and SNA Applicants Only)

APPLICANT INFORMATION (To be completed by the JOS/Worker.)

A. Print Name: _____ _____ _____
Last Name First Name M.I.

Address: _____

City: _____ State: _____ Zip Code: _____

B. 1. Is the household eligible for EAF? (Refer to Determination of Eligibility for Emergency Assistance to Needy Families, form **W-145TT**). ☐ Yes ☐ No
If Yes, a repayment agreement is not required (see exception in the Note below).
If No, go to Question 2.

2. Is the household applying for recurring SNA? ☐ Yes ☐ No
If Yes, see the asterisk (*) below and proceed to Section C.
If No, proceed to question 3.

3. Is the household applying for ESNA assistance? ☐ Yes ☐ No
If Yes, proceed to Section C.
If No, reevaluate category of assistance. Return to question 1.

Note: If shelter arrears are paid under Emergency Assistance to Needy Families (EAF), any amount that exceeds the maximum monthly shelter allowance is to be recovered. Complete the Emergency Assistance to Needy Families (EAF) Agreement to Repay Excess Shelter Arrears (**W-147KK**).

For applicants found eligible under recurring Family Assistance (FA) or Safety Net Assistance (SNA), any amount that exceeds the maximum monthly shelter allowance is to be recouped. Complete the PA Recoupment Data Entry Form – WMS (**LDSS-3573**) and enter the recoupment in the Welfare Management System (WMS).

* If the applicant is applying for recurring SNA but eligibility has not yet been established for recurring assistance, the Repayment Agreement should be signed in the event that the recurring case is not opened. If the recurring case is opened, the Repayment Agreement is null and void and the arrears should be claimed under the recurring SNA. In this situation, any arrears that exceed the maximum shelter standards for the month of application and/or for any prior months must be recouped from future SNA grants.

Shelter Arrears Repayment Agreement Worksheet (continued)

C. Household size: _____ (Include all persons residing in the applicant's house or apartment.)

D. The household's gross monthly income at the time of application: $ _____
(Include all earned and unearned income [including SSI] for all persons residing in the applicant's household.)

125% of the 2017 Federal Poverty Level Guidelines

Size of Household	1	2	3	4	5	6	7	8	9	10	For Each Additional Household Member:
Monthly Amount (Rounded)	$1,256	$1,692	$2,127	$2,563	$2,998	$3,433	$3,869	$4,304	$4,739	$5,174	$435

E. 125% of the Federal poverty level for the household size in Section C: $ _____

F. Does the amount in Section E exceed the amount in Section D?

☐ Yes. Applicant is eligible for ESNA shelter arrears payment. Complete the Emergency Safety Net Assistance (ESNA) Shelter Arrears Repayment Agreement (**W-147H**) form.

☐ No. Applicant is ineligible for an ESNA shelter arrears payment.

G. Total arrears requested: $ _____

H. Estimated monthly repayment amount: $ _____ (The amount in Section G divided by 12.)

Form W-200B
Rev. 5/30/17

NYC Department of Social Services
Human Resources Administration
Department of Homeless Services
Family Independence Administration

Inter-Agency Date of Status (DOS)[1] and Date Entered Country (DEC)[2] Transmittal Form

Please print all information clearly and include all documentation to support the request to change the DOS or DEC to a more recent date. Be sure to complete all fields and enter all relevant details.

Applicant/Participant Name _____ _____
Last Name First Name

Case Number: _____ CIN Number: _____ Line Number: _____

Current Date of Status (DOS): _____ Current Alien Citizenship Indicator (ACI): _____

New DOS: _____ New ACI (if applicable): _____

Current Date Entered Country (DEC): _____ New DEC: _____

HASA Case ☐

Reason for changing DOS and/or DEC (please check the appropriate box):

☐ Worker/data entry error: _____

☐ Misinterpretation of policy: _____

☐ Other (please explain): _____

_____

_____

_____

Immigration Documentation Attached: (please check the appropriate box[es])

☐ **I-94** Arrival/Departure Record
☐ **I-551** Legal Permanent Resident Card
☐ Other: _____
☐ **I-688B** or **I-766** Employment Authorization Card
☐ **I-797** Notice of Action

_____ Telephone Number: _____
Print Worker's Last Name First Name

Reviewed and Approved by:

_____ Telephone Number: _____
Print Last Name First Name

Final Determination

☐ Approve Date approved: _____ ☐ Deny Date denied: _____

Reason denied:

_____

_____

_____

_____ _____
Signature/Reviewed by State Program Staff Telephone Number

1. The **Date of Status (DOS)** is the date the immigrant was granted or achieved qualified immigration status. This date appears on the individual's immigration documents, e.g., the Arrival/Departure Record (**I-94**), the Legal Permanent Resident Card (also, Resident Alien Card or "green card") (**I-551**), or the Employment Authorization Card (**I-688B** or **I-766**), or may appear on other official documentation from USCIS (example: Notice of Action [**I-797**]). The DOS is optional for persons who are Permanently Residing Under the Color of Law (PRUCOL) (ACI = O).
   Remember: An immigrant's status may change after he/she enters the country.

2. The **Date Entered Country (DEC)** is the date the immigrant physically entered the United States. This date appears on the Arrival/Departure Record (**I-94**) or may be stamped on his/herforeign passport. The DEC is optional for persons who are Permanently Residing Under the Color of Law (PRUCOL) (ACI = O), however, if available it may be entered.

Human Resources Administration
Department of Social Services
Family Independence Administration

Date: _____

Notice of Incorrect Mailing

You may have received a notice stating that your Supplemental Nutrition Assistance Program (SNAP) case would close because you failed to meet the Able-Bodied Adult Without Dependents (ABAWD) requirements. That notice was sent to you by mistake. Please disregard the notice. You do not need to take any action. **Your SNAP case will not close as a result of this error.**

If you have any questions, please call us at **(212) 331-4909**.

Aviso de Envío por Correo Incorrecto

Puede ser que usted haya recibido un aviso indicando que su caso del Programa de Asistencia de Nutrición Suplementaria (SNAP) se iba a cerrar debido a que usted no reunía los requisitos para Adultos Sanos Sin Dependientes (ABAWD). Ese aviso se le envío por equivocación. Favor de hacer caso omiso del aviso. Usted no necesita tomar ningún paso. **Su caso de SNAP no se cerrará como resultado de este error.**

Si usted tiene alguna pregunta, favor de llamarnos al **(212) 331-4909**.

NYC Human Resources Administration Department of Social Services | Family Independence Administration

Date: _____

Case Number: _____

Center: _____

Participant Name: _____

Cancellation of Your Work Experience Program (WEP) Assignment Due to the Waiver of the Able-Bodied Adult Without Dependents (ABAWD) Work Requirements

You were previously notified that you are an Able-Bodied Adult Without Dependents (ABAWD) subject to work requirements that you had to meet to be eligible to receive ongoing Supplemental Nutrition Assistance Program (SNAP) benefits.

We are writing to let you know that the New York City (NYC) Human Resources Administration (HRA) has accepted the ABAWD waiver. ***THIS WAIVER EXEMPTS YOU FROM THE ABAWD WORK REQUIREMENTS.***

AS A RESULT OF THIS CHANGE, THE WORK EXPERIENCE PROGRAM (WEP) ASSIGNMENT IN WHICH YOU HAVE BEEN PARTICIPATING, OR THAT YOU WERE RECENTLY OFFERED, HAS BEEN CANCELLED. YOU NO LONGER NEED TO REPORT TO YOUR WEP ASSIGNMENT.

If the ABAWD waiver expires and you are still an ABAWD at that time, HRA will notify you of what you need to do to continue to receive SNAP benefits.

If you are also participating in a Back to Work (B2W) Program, you may continue to participate until July 31, 2014.

You can still take advantage of the free services offered through the State-contracted SNAP Employment and Training (E&T) Venture Program. These free services will help you gain skills that employers seek in today's job market. Various organizations throughout NYC have been selected to provide SNAP E&T participants these opportunities. We have enclosed a SNAP E&T Venture Provider Directory that lists these organizations. If you have any questions about the services they provide, you may call them directly or visit them during their hours of operation.

NYC Human Resources Administration Department of Social Services | Family Independence Administration

Fecha: _____

Número del Caso: _____

Centro: _____

Nombre del Participante _____

Cancelación de su Asignación del Programa de Experiencia Laboral (WEP) Debido a la Excusa de los Requisitos de Trabajo para los Adultos Sanos Sin Dependientes (ABAWD)

Se le notificó previamente que usted es Adulto Sano Sin Dependientes (ABAWD) sujeto a los requisitos de trabajo, los cuales tuvo que satisfacer para ser elegible para beneficios continuos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Por el presente le informamos que la Administración de Recursos Humanos (HRA) de la Ciudad de Nueva York (NYC) ha aceptado la excusa de ABAWD. **ESTA EXCUSA LE EXIME A USTED DE LOS REQUISITOS DE TRABAJO DE ABAWD.**

A RAÍZ DE ESTE CAMBIO, SE HA CANCELADO LA ASIGNACIÓN DEL PROGRAMA DE EXPERIENCIA LABORAL (WEP) EN LA CUAL USTED HA ESTADO PARTICIPANDO, O QUE SE LE OFRECIÓ RECIENTEMENTE. USTED YA NO NECESITA PRESENTARSE A SU ASIGNACIÓN DE WEP.

Si se vence la excusa de ABAWD y usted aún es ABAWD en ese momento, la HRA le informará de lo que tiene que hacer para seguir recibiendo los beneficios de SNAP.

Si usted también está participando en un Programa de Vuelta al Trabajo (B2W), puede seguir participando en el mismo hasta el 31 de julio del 2014.

Usted aún puede aprovechar los servicios gratuitos ofrecidos mediante el Programa de Venture de Empleo y Capacitación (E&T) de SNAP, contratado por el Estado. Estos servicios gratuitos le ayudarán a desarrollar aptitudes cotizadas por los empleadores en el mercado laboral actual. Se han seleccionado varias organizaciones en la Ciudad de Nueva York para brindar estas oportunidades a los participantes de SNAP E&T. Hemos adjuntado un Directorio de Proveedores de SNAP E&T que lista estas organizaciones. Si usted tiene cualquier pregunta sobre los servicios brindados por dichas organizaciones, puede llamarlas directamente o visitarlas durante horas laborables.

NYC Human Resources Administration Department of Social Services | Family Independence Administration

Date: _____

Case Number: _____

Center: _____

Participant Name: _____

Cancellation of Your Appointment / Termination of Your Participation With a Back to Work (B2W) Employment Vendor

You were previously notified that you are an Able-Bodied Adult Without Dependents (ABAWD) subject to work requirements that you had to meet to be eligible to receive ongoing Supplemental Nutrition Assistance Program (SNAP) benefits.

We are writing to let you know that the New York City (NYC) Human Resources Administration (HRA) has accepted the ABAWD waiver. **THIS WAIVER EXEMPTS YOU FROM THE ABAWD WORK REQUIREMENTS.**

AS A RESULT OF THIS CHANGE, YOUR APPOINTMENT WITH A BACK TO WORK (B2W) EMPLOYMENT VENDOR HAS BEEN CANCELLED.

IF YOU ARE CURRENTLY PARTICIPATING IN A B2W PROGRAM, YOU MAY CONTINUE TO PARTICIPATE UNTIL JULY 31, 2014.

If the ABAWD waiver expires and you are still an ABAWD at that time, HRA will notify you of what you need to do to continue to receive SNAP benefits.

You can take advantage of the free services offered through the State-contracted SNAP Employment and Training (E&T) Venture Program. These free services will help you gain skills that employers seek in today's job market. Various organizations throughout NYC have been selected to provide SNAP E&T participants these opportunities. We have enclosed a SNAP E&T Venture Provider Directory that lists these organizations. If you have any questions about the services they provide, you may call them directly or visit them during their hours of operation.

Human Resources Administration
Department of Social Services
Family Independence Administration

Fecha: _____

Número del Caso: _____

Centro: _____

Nombre del Participante _____

Cancelación de su Cita / Terminación de su Participación con un Contratista de Empleo de Vuelta al Trabajo (B2W)

Nosotros le informamos anteriormente que usted es Adulto Sano Sin Dependientes (ABAWD) sujeto a los requisitos de trabajo, los cuales tenía que reunir para ser elegible para beneficios continuos del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Por el presente le informamos que la Administración de Recursos Humanos (HRA) de la Ciudad de Nueva York (NYC) ha aceptado la excusa de ABAWD. **ESTA EXCUSA LE EXIME A USTED DE LOS REQUISITOS DE VUELTA AL TRABAJO (B2W).**

A RAÍZ DE ESTE CAMBIO, SE HA CANCELADO SU CITA CON UN CONTRATISTA DE TRABAJO DE VUELTA AL TRABAJO (B2W).

SI USTED ESTÁ ACTUALMENT PARTICIPANDO EN UN PROGRAMA DE B2W, PUEDE SEGUIR PARTICIPANDO HASTA EL 31 DE JULIO DEL 2014.

Si se vence la excusa de ABAWD y usted aún es ABAWD en ese momento, la HRA le informará de lo que tiene que hacer para seguir recibiendo los beneficios de SNAP.

Usted aún puede aprovechar los servicios gratuitos ofrecidos mediante el Programa de Venture de Empleo y Capacitación (E&T) de SNAP contratado por el Estado. Estos servicios gratuitos le ayudarán a desarrollar las aptitudes cotizadas por los empleadores en el mercado laboral actual. Se han seleccionado varias organizaciones en toda la Ciudad de Nueva York para brindar estas oportunidades a los participantes de SNAP E&T. Hemos adjuntado un Directorio de los Proveedores Venture de SNAP E&T que lista estas organizaciones. Si usted tiene cualquier pregunta sobre los servicios que brindan, puede llamarlas directamente o visitarlas durante horas laborables.

Human Resources Administration
Department of Social Services
Family Independence Administration

Date: _____

Case Number: _____

Case Name: _____

Center: _____

Notice of Incorrect Mailing

You were recently sent the Employment Income Questionnaire (Form **W-592R)** in error. This notice was not meant for you. Please disregard this notice. You do not have to do anything in response to this notice.

We apologize for the error.

Aviso de Información Incorrecta

A usted recientemente le enviamos por error el Cuestionario Sobre Ingresos por Empleo (**W-592R [S]**). Este aviso no era para usted. Favor de hacer caso omiso del aviso. Usted no tiene que tomar ningún paso a raíz de este aviso.

Favor de disculpar el error.