



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN #22-28-OPE

ELIMINATION OF AUTOMATED FINGER IMAGING SYSTEM (AFIS) AND PHOTO IMAGING REQUIREMENTS FOR PURPOSES OF CASH ASSISTANCE (CA)

Date: May 23, 2022	Subtopic: Finger Imaging
	<p>The purpose of this policy bulletin is to inform Job Center and HIV AIDS Services Administration (HASA) staff of a change in New York State Social Service Law which has eliminated Automated Finger Imaging System (AFIS) and photo imaging requirements for the purposes of Cash Assistance (CA). It is informational for all other staff.</p> <p>Effective January 15, 2020, New York State regulations eliminated finger imaging requirements for the purposes of (CA). After this date, New York City (NYC) has been prohibited from using the Automated Finger Imaging System (AFIS) to finger image applicants/participants for any CA purpose.</p> <p>Effective January 15, 2020, all CA AFIS Plans of Operation submitted became null and void.</p> <p>Additionally, as of July 1, 2020, Social Services Law (SSL) § 131(9) was amended to remove the requirement that districts must capture the photograph of CA applicants/participants. No photograph or signature will appear on new CBICs. Vehicle and Traffic Law (VTL) § 490(3)(a)(iii) was amended to allow the New York State Department of Motor Vehicles (DMV) to issue a non-driver identification (NDID) card to certain CA recipients without payment of any fee beginning September 30, 2020.</p> <p>CA applicants/participants may continue to apply for free NDIDs through other State or local programs, including the IDNYC program for NYC residents.</p> <p>As a result of the elimination of AFIS this procedure serves to obsolete the attached forms and procedures listed below: CD #95-41 CD #95-53 CD #95-54 CD #95-56</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

- [CD #95-64](#)
- [CD #95-68](#)
- [CD #95-76](#)
- [CD #96-006](#)
- [CD #96-10](#)
- [CD #96-12](#)
- [CD #96-32](#)
- [CD #96-33](#)
- [CD #96-59](#)
- [CD #96-72](#)
- [CD #96-98](#)
- [CD #96-100](#)
- [CD #96-135](#)
- [CD #96-166](#)
- [CD #96-183](#)
- [CD #97-110](#)
- [CD #2019-029](#)
- [PB-1998-060](#)
- [PB-2001-080-OPE](#)
- [PB-2003-040-ELI](#)
- [PB-2004-109-OPE](#)
- [PB-12-98-OPE](#)
- [PB-2017-031-OPE](#)

Effective Immediately

References:

- [GIS 19 TA/DC052](#)
- [GIS 20 TA/DC001](#)
- [20-ADM-07](#)

Attachments:

- EBT-67** Automated Finger Imaging System (AFIS) Photo Weekly Tracking Log Electronic Benefits Transfer (EBT) Services (Obsolete)
- FIA-1172 (E)** Automated Finger Imaging System (AFIS) Freedom Notice (Obsolete)
- W-519** Photo Identification for Supplemental Nutrition Assistance Program (SNAP) / Finger Imaging for Cash Assistance Notice / AFIS Freedom Referral (Obsolete)
- W-519 (S)** Photo Identification for Supplemental Nutrition Assistance Program (SNAP) / Finger Imaging for Cash Assistance Notice / AFIS Freedom Referral (Obsolete)
- W-519C** Finger Imaging Report Routing Slip (Obsolete)

W-519J	Notice of Inability to Finger Image Participant (Obsolete)
W-519M	Mandatory Return Appointment to the Job Center after WeCARE Assessment (Obsolete)
W-519M (S)	Mandatory Return Appointment to the Job Center after WeCARE Assessment (Obsolete)
W-519N	Automated Finger Imaging System (AFIS) Directory (Obsolete)
W-519N (S)	Automated Finger Imaging System (AFIS) Directory (Obsolete)
W-519R	Finger Imaging System Shut-Down Log (Obsolete)

Automated Finger Imaging System (AFIS) Photo Weekly Tracking Log Electronic Benefits Transfer (EBT) Services (continued)

- Applicant/participant receiving a CBIC at the OTC Site with the **wrong photo on card**:
 - HRA Worker must ask if applicant/participant previously had a card with a photo. If applicant/participant had a previous card with a photo, the Worker must check all CIN numbers associated with the applicant/participant.
 - HRA Workers must also check the OneViewer under identity to see if there is an AFIS photo and what CIN number is associated.
- Applicant/participant receiving a CBIC at the OTC Site **with no photo on the card**:
 - HRA Worker must ask if applicant/participant previously had a card with photo. If the applicant/participant had a card with photo, the HRA Worker must check all CIN numbers associated with the applicant/participant.
 - HRA Workers must also check the HRA OneViewer under identity to see if there is an AFIS photo, and what CIN number is associated with the applicant/participant under AFIS.
- Applicant/participant **entering the OTC Site after 5:30 PM** with the above problems:
 - Follow instructions above.
 - Inform the applicant/participant that the permanent card they will receive today will not have a photo, but a card with photo will be mailed to their home within 10 business days.
 - E-mail EBT Services with the applicant's/participant's name, CIN and SSN numbers and a brief description of the problem (e.g., no picture/wrong picture).
 - EBT Services will call the Help Desk with the information given. We will e-mail the unit Supervisor and Worker when the case has been corrected and the card request has been mailed out.
 - If the applicant/participant states they never had a CBIC card before and we do not see a photo on the HRA OneViewer, the applicant/participant should be given a CBIC referral and sent back to their center for an AFIS update. Please include in the referral **EBT-59** for the Center to make sure the AFIS image is entered into the case prior to sending the applicant/participant to the OTC Site.

Workers are to call the **AFIS Help Desk** with all Photo ID (CBIC) problems. The Help Desk can be reached between 9:00 AM to 5:30 PM at (718) 510-0596. Please leave clear and concise information and they will return the call. Make sure you have the correct full name, CIN, SSN and Case numbers. Let him or her know we have either no photo, the wrong photo or an old photo. All calls are to be logged on the **AFIS Photo Tracking Log**.

Date: _____

Case Number: _____

Applicant/
Participant Name: _____

Automated Finger Imaging System (AFIS) Freedom Notice

Cash Assistance AFIS Freedom

You have been found eligible for AFIS Freedom. Under this initiative, you may visit the Job Center nearest you, or any Job Center citywide to comply with finger imaging requirements. Please refer to the AFIS Directory (**W-519N**) for a list of Job Center locations.

Please bring this notice, identification, and the AFIS referral form with you to the Finger Imaging Unit.

Date: _____

Case Number: _____

Applicant/Participant Name: _____

Center: _____

Photo Identification for Supplemental Nutrition Assistance Program (SNAP) / Finger Imaging for Cash Assistance Notice / AFIS Freedom Referral

Supplemental Nutrition Assistance Program (SNAP)

If you are applying for or are in receipt of SNAP benefits and are in need of a photo identification card, you will be sent to the Automated Finger Imaging System (AFIS) operator for a photograph only. The photograph will appear on your Common Benefit Identification Card (CBIC). This is the card you use to redeem your benefits.

Cash Assistance Program

If you are applying for or receiving regular or emergency Cash Assistance and you are an adult (18 years of age or older) or you are the head of household, you must enroll in the AFIS to be finger imaged. This information will be compared with other active computer files in order to assist in determining your household's eligibility for assistance and to prevent duplicate participation. If you are an adult applying for/receiving Medicaid benefits and your Medical Assistance Identification card must contain a photo image, you are required to enroll in AFIS in order to have your photograph taken only. Family Health Plus and Family Planning Benefit applicants/participants are exempt from all AFIS requirements. Please bring identification with you to the Finger Imaging Unit.

AFIS will capture your finger images and take your photograph quickly and easily. These images and photographs will be stored and matched against those of other applicants/participants. At the same time that we finger image you, we will record your signature electronically so that we can issue you a Common Benefit Identification Card (CBIC). You will need this card to redeem your benefits.

Cash Assistance AFIS Freedom

Under the AFIS Freedom initiative, you can visit the Job Center nearest you, or any Job Center citywide (refer to the AFIS Directory [W-519N]) to comply with finger imaging requirements. Please bring identification with you to the Finger Imaging Unit.

The following individuals are exempt from finger imaging:

- Supplemental Nutrition Assistance Program Applicants/Participants
- Individuals who are not applying for or receiving Cash Assistance and who are not legally responsible for any other household member who is applying for or receiving Cash Assistance.
- Individuals physically unable to comply with this requirement because of an injury or disability. However, if the condition is temporary, an appointment to return for finger imaging must be made.
- Applicants/Participants under 18 years of age unless they are the head of household.
- SSI recipients who are applying for a one-shot deal Emergency Assistance to Adults (EAA) grant (only if all members of the household are in receipt of SSI).
- Congregate Care Facility residents.
- Homebound applicants/participants.

Failure to comply with the finger imaging requirement will result in a Cash Assistance case denial/closing. Failure to comply with finger imaging will not affect your eligibility for Supplemental Nutrition Assistance Program (SNAP) benefits.

Cash Assistance Only

- I am exempt from finger imaging because I meet one of the exemption criteria mentioned on **page 1**.
- I do **not** agree to be finger imaged. I am applying/seeking recertification for Cash Assistance and realize that, by not agreeing to be finger imaged, I will become ineligible and my case will be rejected or closed as appropriate.

Applicant's/Participant's Signature _____

Date _____

Report to Finger Imaging Unit, ____ Floor Appointment Date: _____ Time: _____ AM PM

Applicant/Participant Name: _____ Social Security Number: _____

Registry Number/Case Number: _____ DOB: _____ CIN: _____

Sex: Male Female

OBsolete

AFIS Freedom

Instructions to the AFIS Operator

Finger Imaging Referral Applicant Participant **Case Type:** _____

Job Center Number: _____

Worker's Name: _____ Worker's Telephone Number: _____

Finger Image, Photograph, and Signature

Applicant/Participant imaged under CIN _____ please transfer to CIN _____
To transfer an AFIS image from one CIN to another, you must contact the HRA AFIS Helpdesk and provide them with the CIN the applicant/participant is imaged under and the CIN the image should be transferred to. (Complete a Finger-Imaging Routing Slip [W-519C] and place it in the designated basket to be returned to the Worker.)

Photograph and Signature Only (Payee Only CA Applicants/Participants)

Identification Only (Please verify identity)

Photo Identification - SNAP and Medicaid only

Photograph and Signature Only for Medicaid or SNAP Applicants/Participants

Fecha: _____

Número del Caso: _____

Nombre del Solicitante/Participante: _____

Centro: _____

Aviso de Identificación con Foto para el Programa de Asistencia de Nutrición Suplementaria (SNAP) / Envío a Iniciativa Freedom de AFIS

Programa de Asistencia de Nutrición Suplementaria (SNAP)

Si usted presenta solicitud de beneficios de SNAP o recibe los mismos, y necesita una tarjeta de identificación con foto, se le enviará al encargado del Sistema Automatizado de Impresión Dactilar (AFIS) sólo para tomar una foto. La foto aparecerá en su Tarjeta de Identificación de Beneficios Comunes (CBIC). Ésta es la tarjeta que usted debe usar para cobrar sus beneficios.

Programa de Asistencia en Efectivo

Si usted está solicitando o recibiendo los beneficios normales o de emergencia de Asistencia en Efectivo (CA), y si es adulto (de 18 años de edad o más) o jefe del hogar, debe inscribirse en el AFIS para que le tomen las impresiones dactilares. Esta información será comparada con otros expedientes computarizados activos para determinar si su hogar es elegible para asistencia y también para evitar la participación duplicada. Si usted es solicitante o beneficiario adulto de Medicaid, y su tarjeta de Identificación de Asistencia Médica debe tener una foto, se requiere que usted se inscriba en el AFIS sólo para que se le tome la foto. Los solicitantes/participantes de Family Health Plus y Family Planning Benefit están exentos de todos los requisitos de AFIS. Por favor traiga consigo identificación a la Unidad de Impresión Dactilar (Finger Imaging Unit).

AFIS captará sus impresiones dactilares y le tomara su foto de forma rápida y fácil. Estas impresiones dactilares y fotos serán archivadas y comparadas con las de otros solicitantes/participantes. Al tomar sus impresiones dactilares, registraremos electrónicamente su firma de manera que podamos asignarle una CBIC. Usted necesitará esta tarjeta para cobrar sus beneficios.

Iniciativa Freedom de AFIS de Asistencia en Efectivo

Conforme a la iniciativa Freedom de AFIS, usted puede visitar el Centro de Trabajo que le quede más cercano, o cualquier otro Centro de Trabajo en la ciudad de Nueva York (vea el Directorio del Sistema Automatizado de Impresiones Dactilares [AFIS] de Asistencia en Efectivo [CA] [W-519N (S)]) para cumplir los requisitos de impresión dactilar. Favor de traer identificación consigo a la Unidad de Impresión Dactilar.

Las siguientes personas están exentas de la toma de impresiones dactilares:

- los solicitantes/participantes de SNAP
- las personas quienes no estén solicitando o recibiendo CA y quienes no sean legalmente responsables por cualquier otro miembro del hogar quien esté solicitando o recibiendo CA.
- las personas quienes físicamente no puedan cumplir este requisito debido a una lesión o discapacidad. No obstante, si esta afección es temporaria, es preciso programar una cita de vuelta para la toma de impresiones dactilares.
- los solicitantes/participantes menores de 18 años de edad, a menos que sean jefe del hogar.
- los beneficiarios de SSI y que soliciten una concesión única de Asistencia de Emergencia para Adultos (EAA). (Sólo si todos los miembros del hogar reciben SSI.)
- los residentes de Locales de Cuidado Colectivo.
- los solicitantes/participantes confinados al hogar.

El incumplimiento del requisito de impresiones dactilares resultará en el cierre o rechazo de su caso de Asistencia en Efectivo (CA). El incumplimiento de las impresiones dactilares no afectará su elegibilidad para el Programa de Asistencia de Nutrición Suplementaria (SNAP).

Sólo Asistencia en Efectivo

- Estoy exento(a) de las impresiones dactilares, por cumplir uno de los criterios de exención en la **página 1**.

- No** acuerdo con que se me tomen las impresiones dactilares. Solicito/deseo la recertificación de CA, y estoy consciente de que al no consentir a que se me tomen las impresiones dactilares, perderé la elegibilidad, y de que mi caso será rechazado o cerrado, de ser apropiado.

Firma del Solicitante/Participante

Fecha

Preséntese a la Unidad de Impresiones Dactilares, _____ Piso

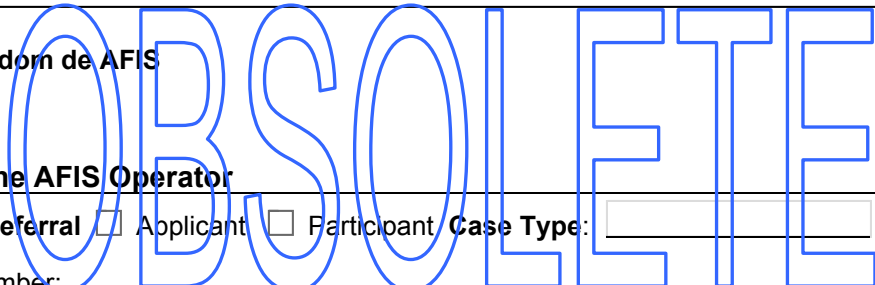
Fecha de la Cita: _____ Hora: _____ AM PM

Nombre del Solicitante/Participante: _____ Número de Seguridad Social: _____

Número de Registro/Número del Caso: _____ Fecha de Nacimiento: _____ CIN: _____

Sexo: Masculino Femenino

- Iniciativa Freedom de AFIS**



Instructions to the AFIS Operator

Finger Imaging Referral Applicant Participant **Case Type:** _____

Job Center Number: _____

Worker's Name: _____ Worker's Telephone Number: _____

Finger Image, Photograph, and Signature

Applicant/Participant imaged under CIN _____ please transfer to CIN _____
To transfer an AFIS image from one CIN to another, you must contact the HRA AFIS Helpdesk and provide them with the CIN the applicant/participant is imaged under and the CIN the image should be transferred to. (Complete a Finger-Imaging Routing Slip [W-519C] and place it in the designated basket to be returned to the Worker.)

Photograph and Signature Only (Payee Only CA Applicants/Participants)

Identification Only (Please verify identity)

Identificación con Foto – Sólo para SNAP y Medicaid

- Fotografía y Firma Sólo para Solicitantes/Participantes de Medicaid o SNAP

Date: _____
Case Number: _____
Case Name: _____
Job Center: _____
Caseload: _____
JOS/Worker: _____
Telephone Number: _____

Finger Imaging Report Routing Slip

From: Finger Imaging Unit

Attached is an Automated Finger Imaging System (AFIS) Match Result Notice for the following applicant/participant in your caseload:

OBSOLETE

First Name M.I. Last Name

File a copy in the case record and if applicable annotate the paper case folder "Finger-Image Hit (date)."

Findings from Finger Imaging Unit

- Finger-imaged under different CIN: _____
- Not finger-imaged due to (specify): _____
- Appointment rescheduled for: _____
Date
- Cannot be finger-imaged due to:
 - Left finger temporarily unavailable
 - Right finger temporarily unavailable
 - Both left and right fingers temporarily unavailable
 - Left finger permanently unavailable
 - Right finger permanently unavailable
 - Both left and right fingers permanently unavailable
 - AFIS is down

Notice of Inability to Finger Image Participant

You must return within 48 hours to comply with finger imaging requirements. Your fingers must be free of all foreign substances when you return. Some examples of foreign substances include lotion, oils, and powder.

If you are an applicant and you do not return, your application for benefits may be rejected.

If you have an active case and you do not return, your Cash Assistance benefits may be stopped.

OBSELETE

Do you have a medical or mental health condition or disability? Does this condition make 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? **We can help you.** Call us at 212-331-4640. 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.

FOR STAFF USE ONLY

Date: _____

To (JOS): _____

From (Finger Imaging Operator): _____

Participant Name: _____

Case Type/Number: _____

The above referenced participant reported for finger imaging today but could not be processed due to:

Presence of foreign substance(s) on fingers

Other condition (*Specify*): _____

Participant was advised to return with fingers free of foreign substances within 48 hours.

Distribution: original to participant, copy to JOS/Eligibility Worker, file copy



Date: _____
Case Number: _____
Case Name: _____
Action Code: _____

Mandatory Return Appointment to the Job Center after WeCARE Assessment

At this time your medical assessment will not be completed by your scheduled Job Center return appointment. We therefore have rescheduled your Job Center return appointment as indicated below, which you must keep in the event WeCARE determines that you are fully employable.

OBSOLETE

Appointment Date: _____ Time: _____ Telephone: _____
Location: _____
Address: _____

City: _____ State: _____ Zip: _____

This is a mandatory eligibility appointment. Failure to keep this appointment or cooperate can result in the closing of your public assistance case. Please note that failure to comply with this public assistance requirement has no effect on your Medicaid eligibility.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Código de Acción: _____

Cita de Regreso Obligatoria al Centro de Trabajo después de la Evaluación de WeCARE

Actualmente su evaluación médica no se llevará a cabo durante su cita de regreso al Centro de Trabajo ya programada. Por eso le hemos reprogramado su cita de regreso al Centro de Trabajo. Vea los detalles más abajo. Usted tiene que presentarse a esta cita, aún si WeCARE determina que usted es completamente apto para trabajar.

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Local: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____

OBSOLETE

Esta es una cita obligatoria para elegibilidad. El no acudir a esta cita o cumplir con la misma puede resultar en el cierre de su caso de asistencia pública. Por favor tenga presente que el incumplimiento de estos requisitos de Asistencia pública no afecta a su elegibilidad de Medicaid.

Automated Finger Imaging System (AFIS) Directory

Please report to one of the Centers listed below and you will be directed to the Finger Imaging Station

MANHATTAN / SPECIAL NEEDS

Job Centers / Co-located SNAP Centers	Address	Floor	Hours
Waverly – #13	12 West 14th Street, New York, NY 10011	3rd Floor	Monday through Friday, 9:00 AM to 5:00 PM
St. Nicholas – #18	132 West 125th Street, New York, NY 10027	3rd Floor	Monday through Friday, 9:00 AM to 5:00 PM
East End – #23	2322 3rd Avenue, New York, NY 10035	3rd Floor	Monday through Friday, 9:00 AM to 5:00 PM
Dyckman – #35	4055 10th Avenue, New York, NY 10034	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
East River – #37	32-20 Northern Blvd, Long Island City, NY 11101 (Entrance at One Honeywell Street)	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
Union Square Job Center – #39	109 East 16th Street, New York, NY 10003	8th Floor	Monday through Friday, 9:00 AM to 5:00 PM Saturday, 9:00 AM to 5:00 PM

BRONX

Job Centers / Co-located SNAP Centers	Address	Floor	Hours
Rider – #38	300 Canal Place, Bronx, NY 10451	1st, 2nd, 3rd, and 4th Floor	Monday through Friday, 9:00 AM to 5:00 PM
Hunts Point – #40	847 Barretto Street, Bronx, NY 10474	2nd Floor (Room 216 and 217)	Monday through Friday, 9:00 AM to 5:00 PM
Fordham – #44	2541-2549 Bainbridge Avenue, Bronx, NY 10458	2nd Floor	Monday through Friday, 9:00 AM to 5:00 PM
Crotona – #46	1910 Monterey Avenue, Bronx, NY 10457	3rd, 4th (Room 408), and 6th Floor	Monday through Friday, 9:00 AM to 5:00 PM
SNAP Center ★	Address	Floor	Hours
Concourse – SNAP 45	1375 Jerome Avenue, Bronx, NY 10452	2nd Floor	Monday through Friday, 9:00 AM to 6:00 PM

BROOKLYN

Job Centers / Co-located SNAP Centers	Address	Floor	Hours
Coney Island – #63	3050 West 21st Street, Brooklyn, NY 11224	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
DeKalb – #64	500 DeKalb Avenue, Brooklyn, NY 11205	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
Bushwick – #66	30 Thornton Street, Brooklyn, NY 11206	1st and 4th Floor	Monday through Friday, 9:00 AM to 5:00 PM
Clinton Hill – #67	495 Clermont Avenue, Brooklyn, NY 11238	4th Floor (Room 04-49)	Monday through Friday, 9:00 AM to 5:00 PM
Southern Brooklyn – #70	35 Fourth Avenue, Brooklyn, NY 11217	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
SNAP Centers ★	Address	Floor	Hours
Fort Greene – SNAP 20	275 Bergen Street, Brooklyn, NY 11217	1st Floor	Monday through Friday, 9:00 AM to 6:00 PM
Coney Island – SNAP 22	2857 West 8th Street, Brooklyn, NY 11224	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
East New York – SNAP 28	404 Pine Street, Brooklyn, NY 11208	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM

★ Note: These are SNAP only sites.

QUEENS

Job Centers / Co-located SNAP Centers	Address	Floor	Hours
Queens – #53	32-20 Northern Blvd., Long Island City, NY 11101 (Entrance at One Honeywell Street)	1st Floor (Room 114)	Monday through Friday, 9:00 AM to 5:00 PM
Jamaica – #54	165-08 88th Avenue, Jamaica, NY 11432	4th Floor	Monday through Friday, 9:00 AM to 5:00 PM
Rockaway – #79	219 Beach 59th Street, Rockaway, NY 11692	2nd Floor	Monday through Friday, 9:00 AM to 5:00 PM

STATEN ISLAND

Job Centers / Co-located SNAP Centers	Address	Floor	Hours
Richmond – #99	201 Bay Street, Staten Island, NY 10301	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM

SPECIAL POPULATIONS

Job Centers	Address	Floor	Hours
Refugee & Immigrant - #47	88 Third Avenue, Brooklyn, NY 11217	1st Floor	Monday through Friday, 9:00 AM to 5:00 PM
Veterans - #62	25 Chapel Street, Brooklyn, NY 11201	6th Floor	Monday through Friday, 9:00 AM to 5:00 PM
Special Projects Center - #80	109 East 16th Street, New York, NY 10003	12th Floor	Monday through Friday, 9:00 AM to 5:00 PM

Directorio del Sistema Automatizado para las Imágenes Dactilares (AFIS)

Favor de presentarse a uno de los centros indicados más abajo para que se le dirija al Puesto de Imágenes Dactilares

MANHATTAN / NECESIDADES ESPECIALES

Centros de Trabajo / Centros de SNAP ubicados juntos	Dirección	piso	Horas
Waverly – #13	12 West 14th Street, New York, NY 10011	3º piso	lunes a viernes, 9:00 AM a 5:00 PM
St. Nicholas – #18	132 West 125th Street, New York, NY 10027	3º piso	lunes a viernes, 9:00 AM a 5:00 PM
East End – #23	2322 3rd Avenue, New York, NY 10035	3º piso	lunes a viernes, 9:00 AM a 5:00 PM
Dyckman – #35	4055 10th Avenue, New York, NY 10034	1º piso	lunes a viernes, 9:00 AM a 5:00 PM
East River – #37	32-20 Northern Blvd, Long Island City, NY 11101 (Entrance at One Honeywell Street)	1º piso	lunes a viernes, 9:00 AM a 5:00 PM
Union Square Job Center – #39	109 East 16th Street, New York, NY 10003	8º piso	lunes a viernes, 9:00 AM a 5:00 PM sábado, 9:00 AM a 5:00 PM

BRONX

Centros de Trabajo / Centros de SNAP ubicados juntos	Dirección	piso	Horas
Rider – #38	300 Canal Place, Bronx, NY 10451	1º, 2º, 3º, y 4º pisos	lunes a viernes, 9:00 AM a 5:00 PM
Hunts Point – #40	847 Barretto Street, Bronx, NY 10474	2º piso (sala 216 y 217)	lunes a viernes, 9:00 AM a 5:00 PM
Fordham – #44	2541-2549 Bainbridge Avenue, Bronx, NY 10458	2º piso	lunes a viernes, 9:00 AM a 5:00 PM
Crotona – #46	1910 Monterey Avenue, Bronx, NY 10457	3º, 4º (sala 408), y 6º pisos	lunes a viernes, 9:00 AM a 5:00 PM
Centros de SNAP *	Dirección	piso	Horas
Concourse – SNAP 45	1375 Jerome Avenue, Bronx, NY 10452	2º piso	lunes a viernes, 9:00 AM a 6:00 PM

BROOKLYN

Centros de Trabajo / Centros de SNAP ubicados juntos	Dirección	piso	Horas
Coney Island – #63	3050 West 21st Street, Brooklyn, NY 11224	1º piso	lunes a viernes, 9:00 AM a 5:00 PM
DeKalb – #64	500 DeKalb Avenue, Brooklyn, NY 11205	1º piso	lunes a viernes, 9:00 AM a 5:00 PM
Bushwick – #66	30 Thornton Street, Brooklyn, NY 11206	1º y 4º pisos	lunes a viernes, 9:00 AM a 5:00 PM
Clinton Hill – #67	495 Clermont Avenue, Brooklyn, NY 11238	4º piso (sala 04-49)	lunes a viernes, 9:00 AM a 5:00 PM
Southern Brooklyn – #70	35 Fourth Avenue, Brooklyn, NY 11217	1º piso	lunes a viernes, 9:00 AM a 5:00 PM
Centros de SNAP *	Dirección	piso	Horas
Fort Greene – SNAP 20	275 Bergen Street, Brooklyn, NY 11217	1º piso	lunes a viernes, 9:00 AM a 6:00 PM
Coney Island – SNAP 22	2857 West 8th Street, Brooklyn, NY 11224	1º piso	lunes a viernes, 9:00 AM a 5:00 PM
East New York – SNAP 28	404 Pine Street, Brooklyn, NY 11208	1º piso	lunes a viernes, 9:00 AM a 5:00 PM

* Nota: Estos sitios son sólo para SNAP.

QUEENS

Centros de Trabajo / Centros de SNAP ubicados juntos	Dirección	piso	Horas
Queens – #53	32-20 Northern Blvd., Long Island City, NY 11101 (Entrance at One Honeywell Street)	1º piso (sala 114)	lunes a viernes, 9:00 AM a 5:00 PM
Jamaica – #54	165-08 88th Avenue, Jamaica, NY 11432	4º piso	lunes a viernes, 9:00 AM a 5:00 PM
Rockaway – #79	219 Beach 59th Street, Rockaway, NY 11692	2º piso	lunes a viernes, 9:00 AM a 5:00 PM

STATEN ISLAND

Centros de Trabajo / Centros de SNAP ubicados juntos	Dirección	piso	Horas
Richmond – #99	201 Bay Street, Staten Island, NY 10301	1º piso	lunes a viernes, 9:00 AM a 5:00 PM

POBLACIONES ESPECIALES

Centros de Trabajo	Dirección	piso	Horas
Refugee & Immigrant - #47	88 Third Avenue, Brooklyn, NY 11217	1º piso	lunes a viernes, 9:00 AM a 5:00 PM
Veterans - #62	25 Chapel Street, Brooklyn, NY 11201	6º piso	lunes a viernes, 9:00 AM a 5:00 PM
Special Projects Center - #80	109 East 16th Street, New York, NY 10003	12º piso	lunes a viernes, 9:00 AM a 5:00 PM

OBSOLETE

Finger Imaging System Shut-Down Log (Daily Entry)

Center Number: _____

Date	Finger Imaging Operator	Time System Went Down	Time System Came Back Up	Comments
1.				
2.				
3.				
4.				
5.				
6.				
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21.				
22.				

OBSOLETE

Workstation Supervisor: _____

Date Form Submitted: _____