



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

## POLICY BULLETIN # 23-12-SYS (Replaces PB #19-49-SYS)

### BUREAU OF FRAUD INVESTIGATION (BFI) ALERTS IS NOW OBSOLETE

Date: February 17, 2023	Subtopic: BEV Appointments
	<p>The purpose of this Policy Bulletin is to inform Benefits Access Center (BAC) and Supplemental Nutrition Assistance Program (SNAP) Center staff that the Bureau of Fraud Investigation (BFI) Alerts process has been terminated.</p> <p>BAC and SNAP Center staff will no longer see an alert in the Paperless Office System (POS) prompting a BFI appointment.</p> <p>Accordingly, the following BFI Alerts policy (and associated forms) is now obsolete:</p> <ul style="list-style-type: none"> <li>• POLICY BULLETIN #19-49-SYS</li> </ul> <p>Center Directors must ensure that all current and previous versions of BFI Alerts forms and literature are properly disposed of.</p> <p><i>Effective Immediately</i></p> <p><b>Attachments:</b></p> <p><b>BFI-249 (E)</b> Automated Finger Imaging System (AFIS) Referral to the Bureau of Fraud Investigation (BFI) (Rev. 04/12/2021) (<i>Obsolete</i>)</p> <p><b>IREA-144 (E)</b> Notice of Referral for IREA Appointment (Rev. 01/30/2023) (<i>Obsolete</i>)</p> <p><b>OPA-8 (E)</b> ALERT Report of Case Finding to Job Center (Rev. 04/12/2021) (<i>Obsolete</i>)</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



**Department of  
Social Services**

Human Resources Administration  
Department of Homeless Services

Department of Social Services  
Accountability Office

Date:  
Case Name:  
Case Number:  
Center Number:

**Automated Finger Imaging System (AFIS)  
Referral to the Bureau of Fraud Investigation (BFI)**

Please report to the BFI office at:

Address: 375 Pearl Street, 22<sup>nd</sup> Floor, New York, NY 10038

Date:

Time:

**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.

**Travel Instructions:**

**By Train:** 4, 5, 6, J, Z to Brooklyn Bridge City Hall; 2, 3, 4, 5, A, C, J, Z, R to Fulton Center

**For Official Use Only**

To: BFI  
Attention: AFIS  
From: Job Center

OTC Site Action Taken	
<input type="checkbox"/> CBIC issued	<input type="checkbox"/> No CBIC issued
Reason for Referral	
<input type="checkbox"/> Different Name	
<input type="checkbox"/> Different Social Security Number	
<input type="checkbox"/> Different CIN #	
<input type="checkbox"/> Photo Imaging does not match	
<input type="checkbox"/> Other (Explain):	

Worker's Name: \_\_\_\_\_  
(print)

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

Supervisor's Name: \_\_\_\_\_  
(print)

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



Department of Social Services  
Accountability Office

**INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION**

Date:

Case Number/App Reg:

Case Name:

Job Center:


**Notice of Referral for IREA Appointment**

\_\_\_\_\_,  
Applicant Name

\_\_\_\_\_ is the subject of a pending investigation and must appear at the  
Subject Name

Investigation Revenue and Enforcement Administration. If the subject of the investigation is 18 years of age or younger, you must accompany him/her to the interview.

**The appointment is on:**

	<b>Date:</b> _____		<b>Time:</b> _____
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**at the address checked below:**

- 375 Pearl Street, 22nd Floor, New York, NY 10038**
- 151 West Broadway, 7th Floor, New York, NY 10013**
- 243 Schermerhorn Street, 5th Floor, Brooklyn, NY 11201**

Please bring this letter and proof of identity for all persons named in this letter to the appointment.

If you cannot keep this appointment, call **(718) 557-1399**.

**This is a mandatory eligibility appointment. Failure to keep this appointment or cooperate may result in the rejection of your application for cash assistance.**

I understand that if the subject of the investigation fails to report for the interview, the application will be denied.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**If the subject of the investigation is not the applicant and is over 18, he/she must sign below:**

I understand that I am the subject of an investigation and agree to appear for the interview.

\_\_\_\_\_  
Subject's Signature

\_\_\_\_\_  
Date

**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.

### TRAVEL INSTRUCTIONS

**To: 375 Pearl Street**

**By Train:** 4, 5, 6, J, Z to Brooklyn Bridge City Hall; 2, 3, 4, 5, A, C, J, Z, R to Fulton Center

**To: 151 W. Broadway**

**By Train:** No. 1 to Franklin Street; A, C, E, to Canal Street; A, E, No. 2 & No. 3 to Chambers Street.

**By Bus:** M9 to Murray and Church Streets; M5 Limited Bus to Broadway and White Streets.  
151 W. Broadway is located between Worth and Thomas Streets in Manhattan.

**To: 243 Schermerhorn Street**

**By Train:** A, C, G – Hoyt / Schermerhorn Street; 2 or 3 to Hoyt Street; 4 or 5 to Nevins Street; B, N, Q, R, to DeKalb Avenue.

**By Bus:** B26 – Fulton / Bond Streets; B63 - Atlantic Avenue / Bond Streets; B25, B26, B38, B52 – Fulton / Hoyt Streets.



**Department of Social Services**  
Human Resources Administration  
Department of Homeless Services

Department of Social Services  
Accountability Office

**INVESTIGATION REVENUE AND ENFORCEMENT ADMINISTRATION**

[Select Program]

[Select Address]

[Select City, State, Zip]

**[Select Program] ALERT  
Report of Case Finding to Job Center**

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

**To:** \_\_\_\_\_, \_\_\_\_\_  
Center Liaison (Last) (First) Job Center

**From:** \_\_\_\_\_, \_\_\_\_\_ ( ) \_\_\_\_\_  
Investigator (Last) (First) Telephone Number

**Re:** Case Name: \_\_\_\_\_ Case/App-Reg. No: \_\_\_\_\_

Household Member: \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

**Please indicate appropriate case action:**

- Applicant/Household Member failed to keep the [Select] appointment: \_\_\_ / \_\_\_ / \_\_\_  
Date Time
- Applicant/Household Member failed to provide documents needed to resolve issue(s).
- Applicant/Household Member failed to complete and/or cooperate at the interview.

**Comments:**

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