



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY BULLETIN #11-66-OPE (This Policy Bulletin Replaces PB #06-121-OPE)

REVISIONS TO FIA SCHOOL/TRAINING ENROLLMENT LETTER (W-700D)

Date: July 12, 2011	Subtopic(s): Forms
<p> This procedure can now be accessed on the FIA web.</p>	<p>The information in this policy bulletin is for all staff in the Job Centers and Non Cash Assistance (NCA) Food Stamp (FS) Centers, and is informational for all others.</p> <p>The FIA School/Training Enrollment Letter (W-700D) has been revised, as follows:</p> <ul style="list-style-type: none"> • Section II (A) was updated to include information for the applicant’s student ID number; • a line has been added in Section II (A) to determine if the applicant’s school or training program is a Bachelor of Arts (BA) program or higher educational degree; • the line in Section II (A) questioning whether there has been a break in the enrollment period has been removed; • lines have been added in Section II (A) referring to re-enrollment and the applicant’s grade point average; • the codes “EXT” for externship and “FC” for Family College in Section II (B) have been removed; • the line in Section II (C) calculating the number of externship hours per week has been removed; • the second total calculation of Section II (C) has been changed from “II. B., line 4” to “II. C ., line 3”; • the “Note to HRA staff”, in Section II (C) regarding the conversion of activity hours has been removed; • a line has been added to Section II (D) specifying whether the program is sponsored by a voucher; and • Sections III and IV, have been removed.

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

Job Center Directors and Food Stamp Center Managers must ensure that all prior versions of Form **W-700D** are removed from circulation and recycled.

Samples of the revised forms are attached.

Effective Immediately

References: SSL 336-a (1)

Attachments:

🖨 Please use Print on Demand to obtain copies of forms.

W-700D FIA School/Training Enrollment Letter (Rev. 7/12/11)
W-700D (S) FIA School/Training Enrollment Letter (Spanish) (Rev. 7/12/11)

Date: _____
Case Number: _____
Case Name: _____
Center: _____

FIA School/Training Enrollment Letter

I. FOR COMPLETION BY STUDENT WITH HUMAN RESOURCES ADMINISTRATION (HRA) REPRESENTATIVE

Applicant's/Participant's Name: _____

A. Training-Related Expenses

HRA is not responsible for tuition, books and fees. However, individuals who participate in HRA-approved activities are eligible to receive reimbursement for certain expenses incurred while participating, specifically child care, carfare and certain items if they are required for participation. As an applicant for or participant of Cash Assistance, I understand that I may be entitled to money for carfare and child care only if I attend my program as scheduled.

Note: To request child care reimbursement, a separate child care provider enrollment form must be attached.

How much do you spend on carfare each day you attend class? \$ _____

Do you need anything special in order to participate in your program? Yes No
(Receipt/bill must be attached.)

If "Yes," explain special need (e.g., uniform): _____

Amount of special need: \$ _____ Frequency: _____

B. Agreement to Recovery of Engagement Expense Overpayments

Choose one of the following:

- I agree that any engagement expense overpayment be recovered from my Cash Assistance grant.
- I request that any engagement expense overpayment be recovered from my next or future carfare and/or child care payments.

Cash Assistance Applicant's/Participant's Signature

Date

C. Notice to Cash Assistance and Food Stamp Applicants/Participants Regarding Educational Grants and Expenses

In accordance with current Social Services law (18 NYCRR 352.16 and 387.11[f]), any educational grant, scholarship or loan that you receive is not counted in determining your eligibility for Cash Assistance and is not considered in determining the amount of your Cash Assistance benefit. The Food Stamp Act of 1977 requires certain educational grants, scholarships and loans to be counted as income for Food Stamp purposes, but permits us to exclude from this income amounts for tuition, mandatory fees and certain other educational expenses.

In order to determine the correct amount of educational income to count or allow as a deduction in computing your Food Stamp budget, we require documentation of your educational income and expenses from your school. Please sign the release section below, which authorizes the school to provide us with this information, and have your school complete Section II of this form. After completion, please return this form to the Worker who is handling your case.

D. Authorization to Release Information

I authorize the school/program in Section II of this form to release information about my attendance, progress and subsequent employment to HRA. In addition, I authorize the release of information for use by HRA for Cash Assistance and Food Stamp purposes.

The Student must take this form to the School/Training Program for completion of Section II.

Applicant's/Participant's Signature _____

Date _____

II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING PROGRAM REPRESENTATIVE

A. Student Information

Applicant's/Participant's Name: _____ Student ID #: _____

School/Program Name: _____

Course of Study/Major: _____

Is this a Bachelor's Program or higher? _____ Yes _____ No

Vendor Code: _____ Skill Code: _____

Semester Start Date: _____ Semester End Date: _____

Enrollment Start Date (if different from Semester Start Date above): _____

Is this a re-enrollment, is student passing? _____ Yes _____ No

Grade Point Average _____ (unless Pass/Fail only measurement available.)

B. Student Weekly Activity Schedule

(For class hours, write "CL" in box; for laboratory, write "LAB"; for Federal Work Study (FWS), write "FWS"; for internship, externship write "INT". For activities that do not start on the hour write start and end time in box.)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
8:00–9:00 AM								
9:00–10:00 AM								
10:00–11:00 AM								
11:00–12:00 PM								
12:00–1:00 PM								
1:00–2:00 PM								
2:00–3:00 PM								
3:00–4:00 PM								
4:00–5:00 PM								
Evenings (Specify hours in box)								
Total Weekly Hours								

C. Work Activities: Please note that internship/externship and FWS must be approved by HRA and have a Vendor and Skill Code.

	Vendor and Skill Code	Number of Hours
1. Number of internship/externship hours per week this semester.	_____	_____
2. Number of FWS hours per week this semester.	_____	_____
3. Total number of internship/externship and FWS hours per week this semester (add lines 1, 2 and 3).	_____	_____

1. Total weekly classroom and lab hours: _____

2. Total from II. C., line 3: _____

3. Total of lines 1 and 2 (total activity hours):* _____

School Stamp

Is the student receiving money directly from you for:

		Weekly Amount	Source
Carfare?	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____
Child Care?	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____

D. Breakdown of Expenses

		Non-Title IV Funded Educational Grants, Loans and Scholarships	
Tuition	\$ _____	Private scholarships (specify in the spaces below)	
Loan origination and insurance fees	\$ _____	1.	\$ _____
Books	\$ _____	2.	\$ _____
Meals purchased at school	\$ _____	3.	\$ _____
Transportation to and from school	\$ _____	4.	\$ _____
Supplies	\$ _____	SEEK Program	\$ _____
Child care	\$ _____	College Discovery Program	\$ _____
Personal expenses (specify):	\$ _____	Other (specify):	\$ _____
Living Expenses (specify):	\$ _____	Total of Non-Title IV Funded Educational Income	\$ _____
Total Expenses	\$ _____		

Note: Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

Is this program funded by a voucher? No Yes If Yes, please submit a copy of voucher.

Print Name (Authorized School Representative)

Date

Signature

Telephone Number

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro: _____

Carta de Inscripción de la FIA al Programa de Educación/Capacitación

I. A SER LLENADO POR EL ESTUDIANTE Y EL REPRESENTANTE DE LA ADMINISTRACIÓN DE RECURSOS HUMANOS (HUMAN RESOURCES ADMINISTRATION – HRA)

Nombre del Solicitante/Participante: _____

A. Gastos Relacionados con la Capacitación

HRA no cubre los gastos de matrícula, libros y gastos educacionales. Sin embargo, las personas que participan en actividades de trabajo aprobadas por HRA tienen derecho a que se les reembolsen algunos de los gastos incurridos durante su participación, Específicamente gastos de: cuidado infantil, tarifa de transporte y otros que sean requeridos para facilitar la participación. Como solicitante o beneficiario de Asistencia en Efectivo (CA), entiendo que puedo tener derecho a dinero para tarifa de transporte y cuidado infantil, sólo si asisto a mi programa según el horario establecido.

Nota: Para solicitar reembolso de pagos por cuidado infantil, el formulario de inscripción del proveedor de cuidado infantil debe de adjuntarse a este formulario.

¿Cuánto gasta en tarifa de transporte cada día que asiste a clases? \$ _____

¿Necesita usted algo en particular (necesidad especial) para poder participar en el programa? Sí No
(Tiene que adjuntar recibo/factura.)

Si la respuesta es "Sí," favor de explicar el porque (e.g., uniforme): _____

Cantidad para la necesidad especial: \$ _____ Frecuencia: _____

B. Acuerdo para la Recuperación de Participación de Gastos y Sobrepago

Escoge uno de los siguiente:

- Yo acepto que cualquier participación de gastos de sobrepago sea recuperado por mi concesión de CA
- Yo solicito que cualquier participación de gastos de sobrepago sea recuperado por mi próximo o futuro costo de automóvil o cuidado infantil.

Firma del Solicitante/Participante de Asistencia en Efectivo

Fecha

C. Aviso a los Solicitantes/Participantes de Asistencia en Efectivo y Cupones Para Alimentos Respecto a Becas y Gastos Educacionales

Conforme a la ley actual de Servicios Sociales (18 NYCRR 352.16 y 387.11[f]), cualquier beca o préstamo que usted reciba no es tomado en cuenta al determinar su elegibilidad para recibir Asistencia en Efectivo y no es considerado al determinar la cantidad de su beneficio de Asistencia en Efectivo. La Ley de Cupones para Alimentos del 1977 (the Food Stamp Act of 1977) requiere que ciertas becas y préstamos sean calculados como ingreso para fines de Cupones para Alimentos. Sin embargo, la misma ley nos permite excluir del ingreso gastos de matrícula, cuotas obligatorias y otros gastos educacionales específicos.

Para determinar la cantidad correcta de ingreso educacional a tomarse en cuenta o a deducir de su presupuesto de Cupones para Alimentos, le requerimos documentación de sus ingresos y gastos educacionales a su institución educativa. Favor de firmar la sección de autorización más abajo para permitirle a su institución educativa entregarnos esta información y pida que un representante de la misma llene la Sección II de este formulario. Después de ser llenado, favor de entregar este formulario al Trabajador encargado de su caso.

D. Autorización Para Entregar Información

Yo autorizo al programa de capacitación/institución educativa, citados en la Sección II de este formulario, a entregar a la HRA información respecto a mi asistencia, progreso educativo y empleo posterior. Dicha información será usada por HRA para fines de Asistencia en Efectivo y Cupones para Alimentos. El estudiante debe llevar este formulario al Programa de Capacitación o Institución Educativa para poder llenar Sección II.

Firma del Solicitante/Participante _____
Fecha

II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING REPRESENTATIVE

A. Student Information

Applicant's/Participant's Name: _____ Student ID #: _____

School/Program Name: _____

Course of Study/Major: _____

If this is a bachelor's program or higher? N Y

Vendor Code: _____ Skill Code: _____

Semester Start Date: _____ Semester End Date: _____

Enrollment Start Date (if different from Semester Start Date above): _____

If this is a re-enrollment, is student passing? Y N

Grade Point Average _____ (unless Pass/Fail only measurements available.)

B. Student Weekly Activity Schedule

(For class hours, write "CL" in box; for laboratory, write "LAB"; for Federal Work Study (FWS), write "FWS"; for internship, externship, write "INT"; For activities that do not start on the hour write start and end time in box.)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
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4:00–5:00 PM								
Evenings (Specify hours in box)								
Total Weekly Hours								

C. Work Activities: Please note that internship/externship and FWS must be approved by HRA and have a Vendor and Skill Code.

	Vendor and Skill Code	Number of Hours
1. Number of internship hours per week this semester.	_____	_____
2. Number of FWS hours per week this semester.	_____	_____
3. Total number of internship, externship and FWS hours per week this semester (add lines 1, 2 and 3).	_____	_____

1. Total weekly classroom and lab hours: _____
2. Total from II. c., line 3: _____
3. Total of lines 1 and 2 (total activity hours):* _____

School Stamp

Is the student receiving money directly from you for:

Carfare? <input type="checkbox"/> No <input type="checkbox"/> Yes	Weekly Amount	Source
Child Care? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____
	\$ _____	_____

D. Breakdown of Expenses

		Non-Title IV Funded Educational Grants, Loans and Scholarships	
		Private scholarships (specify in the spaces below)	
Tuition	\$ _____		
Loan origination and insurance fees	\$ _____	1.	\$ _____
Books	\$ _____	2.	\$ _____
Meals purchased at school	\$ _____	3.	\$ _____
Transportation to and from school	\$ _____	4.	\$ _____
Supplies	\$ _____	SEEK Program	\$ _____
Child care	\$ _____	College Discovery Program	\$ _____
Personal expenses (specify):	\$ _____	Other (specify):	\$ _____
Living Expenses (specify):	\$ _____	Total of Non-Title IV Funded Educational Income	\$ _____
Total Expenses	\$ _____		

Note: Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

Is this program funded by a voucher? No Yes If Yes, please submit a copy of voucher.

Print Name (Authorized School Representative)

Date

Signature

Telephone Number