



# OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Stephen Fisher, Assistant Deputy Commissioner  
Office of Procedures

## POLICY BULLETIN #18-04-OPE

**MONTHLY UPDATES: (EXP-80R, EXP-83B, EXP-84G, EXP-84U, FIA-19, FIA-1086C, FIA-1106, FIA-1188O, FIA-1188P, M-32, W-120D, W-132G, W-138E, W-171F [S], W-203R, W-273XX, W-563, W-907MM, W-908F, W-932)**

Date: February 2, 2018	Subtopic(s): Forms
Updated items	<p>The following form has been updated:</p> <ul style="list-style-type: none"> <li>• “CareerCompass Community Service Referral” (<b>FIA-1188o</b>) and “YouthPathways Community Service Referral” (<b>FIA-1188p</b>) forms were revised to remove “Child Care” from the PLACEMENT INFORMATION section on page 5;</li> <li>• The “Fair Hearing Child Attendance and Fee Record Voucher Cases” (<b>W-273XX</b>) was revised to include the new logo, remove the Spanish translation from page 2, and replace “ACCIS Hotline” with “ACS Call Center”.</li> </ul>
Obsolete items	<p>The following forms and posters have been made obsolete:</p> <ul style="list-style-type: none"> <li>• “Referral to Department of Parks and Recreation” (<b>EXP-80R</b>);</li> <li>• “Youth Engagement Services (YES)” (<b>EXP-83B</b>);</li> <li>• “Food Stamp Recertification” (<b>EXP-84G</b>);</li> <li>• “You May Be Eligible For Food Stamp Benefits” (<b>EXP-84U</b>);</li> <li>• “This is an AUTOMATED Job Center” (<b>FIA-19</b>);</li> <li>• “Client Appointment” (<b>FIA-1086c</b>);</li> <li>• “Fair Hearing Resolution Statement” (<b>FIA-1106</b>);</li> <li>• “Authorization To Grant Public Assistance” (<b>M-32</b>);</li> <li>• “Notice of Outstanding Required Documentation” (<b>W-120D</b>);</li> <li>• “Review Section's Report On Disposition Of Fair Hearing” (<b>W-132G</b>);</li> <li>• “Call-In Letter for an Able-Bodied Adult Without Dependents (ABAWD)” (<b>W-138E</b>);</li> <li>• “Voicemail Protocol Desk Guide” (<b>W-171F[S]</b>) Spanish version only. <b>Note:</b> The <b>W-171 (E)</b> is currently under revision and will be published under separate cover;</li> <li>• “Benefits and Services for Employed Individuals” (<b>W-203R</b>);</li> <li>• “Attention Working Parents” (<b>W-563</b>);</li> </ul>

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

- “Office of Eligibility and Employment Monitoring” (**W-907MM**);
- “Notice of Rescheduled Supplemental Nutrition Assistance Program (SNAP) Telephone Recertification Interview” (**W-908F**);
- “Baseline Clinical and Employability Assessment” (**W-932**).

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

*Effective Immediately*

**Attachments:**

<b>W-273XX</b>	Fair Hearing Child Attendance and Fee Record Voucher Cases (01/23/2018)
<b>FIA-1188o (E)</b>	CareerCompass Community Service Referral (08/01/2017)
<b>FIA-1188o (S)</b>	CareerCompass Community Service Referral (08/01/2017)
<b>FIA-1188p (E)</b>	YouthPathways Community Service Referral (08/01/2017)
<b>FIA-1188p (S)</b>	YouthPathways Community Service Referral (08/01/2017)
<b>EXP-80R</b>	Referral to Department of Parks and Recreation ( <b>Obsolete</b> )
<b>EXP-83B</b>	Youth Engagement Services (YES) ( <b>Obsolete</b> )
<b>EXP-84G</b>	Food Stamp Recertification ( <b>Obsolete</b> )
<b>EXP-84U</b>	You May Be Eligible For Food Stamp Benefits ( <b>Obsolete</b> )
<b>FIA-19</b>	This is an AUTOMATED Job Center ( <b>Obsolete</b> )
<b>FIA-1086c</b>	Client Appointment ( <b>Obsolete</b> )
<b>FIA-1106</b>	Fair Hearing Resolution Statement ( <b>Obsolete</b> )
<b>M-32</b>	Authorization To Grant Public Assistance ( <b>Obsolete</b> )
<b>W-120D</b>	Notice of Outstanding Required Documentation ( <b>Obsolete</b> )
<b>W-132G</b>	Review Section's Report On Disposition Of Fair Hearing ( <b>Obsolete</b> )
<b>W-138E</b>	Call-In Letter for an Able-Bodied Adult Without Dependents (ABAWD) ( <b>Obsolete</b> )
<b>W-171F (S)</b>	Voicemail Protocol Desk Guide ( <b>Obsolete</b> )
<b>W-203R</b>	Benefits and Services for Employed Individuals ( <b>Obsolete</b> )
<b>W-563</b>	Attention Working Parents ( <b>Obsolete</b> )
<b>W-907MM</b>	Office of Eligibility and Employment Monitoring ( <b>Obsolete</b> )

<b>W-908F</b>	Notice of Rescheduled Supplemental Nutrition Assistance Program (SNAP) Telephone Recertification Interview <b>(Obsolete)</b>
<b>W-932</b>	Baseline Clinical and Employability Assessment <b>(Obsolete)</b>



### Fair Hearing Child Attendance and Fee Record Voucher Cases

Fair Hearing Number: \_\_\_\_\_

For Month: \_\_\_\_\_

ACCIS Provider ID: \_\_\_\_\_

Year: \_\_\_\_\_

Child's Name	Child Number	Start Date	End Date	I stopped taking care of this child on this date	Total days child attended for month	Full time days	Total weeks child attended for month	Weekly Parent Fee	Fees Collected
SAMPLE									

\_\_\_\_\_  
 Provider's Name (Please print)

\_\_\_\_\_  
 Provider's Signature

\_\_\_\_\_  
 Date

For Office Use Only
Payment Generated: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____
Worker Name: _____
Title: _____
Signature: _____



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

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

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

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

Caseload: \_\_\_\_\_

FH&C

Phone Number: \_\_\_\_\_

Action Code: \_\_\_\_\_

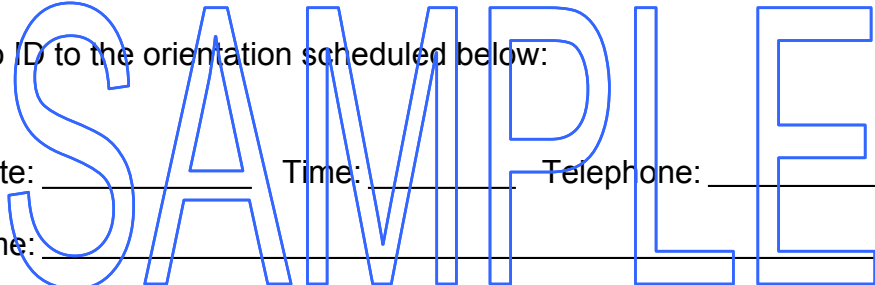
### CareerCompass Community Service Referral

You agree to participate in a community service assignment as a Community Service Aide.

The number of hours you have agreed to volunteer every week is \_\_\_\_\_ hours.

Carfare for your community service participation will be made available on your Electronic Benefit Transfer (EBT) card.

Bring your photo ID to the orientation scheduled below:



Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Travel Directions:

The rule that allows us to approve this voluntary community service placement is **18 NYCRR 385.9(a)(7)**.

See next page

You can become exempt from Cash Assistance work activity requirements if we find that you have become unable to work or exempt for another reason such as:

- You have reached 60 years of age.
- You are in the last 30 days of pregnancy.
- You are a single parent caring for a child less than thirteen (13) weeks of age.
- You are needed at home to take care of a member of your household who is ill or has a disability.

As a volunteer, you should work the agreed upon number of hours at your work site, unless you have good cause or a good reason not to work. If you do not work the assigned hours and do not have good cause, you will not be able to participate in this community service placement, and we will give you another work assignment.

This notice tells you what to do if you believe that you should not work or should receive a different assignment because of a medical condition, or you cannot come to work for another reason.

### **What if you believe that you should not be required to work because of a medical condition?**

If you do not agree with the finding in the Notification of Temporary Assistance Work Requirements Determination (Non-Exempt) (**LDSS-4005 (a) NYC**) that you are able to work, you may ask for a conference or a Fair Hearing, or both. Please read the **LDSS-4005 (a) NYC** for more information.

### **What to do if you think that you should be given a different work assignment because of a medical condition:**

As a voluntary participant in community service you do not have to participate in this placement. If you think you should be given a different assignment, we will assign you to another work activity or refer you for a medical assessment.

### **What if your medical condition changes in a way that affects your ability to work?**

Talk to your community service work site supervisor about any issue related to your medical condition. You must give us a letter on your doctor's stationery that includes your doctor's name, the date, your medical condition, and when you are expected to recover. The letter must also say what work activities you are unable to do and why. The letter must be an original, not a photocopy, and it must be current.

The community service provider may change your placement to another based on the medical condition described in the letter you provide or may request that we refer you for a medical assessment.

As a participant in community service you may choose not to participate in that activity without penalty, but we will assign you to another work activity.

See next page 

### **When can you be absent from your assignment?**

You do not have to report to your assignment on holidays observed by your participating provider, on your days of religious observance (must have proof), or when you have "good cause."

### **What is "good cause" for missing a day or days of work?**

"Good cause" includes circumstances beyond your control like illness, family emergency, jury duty, appointments at an HRA office, school closings, child care issues, or lack of transportation. "Good cause" also includes employment interviews and temporary or part-time employment.

### **What to do if you cannot come to work or you are going to be late?**

You must tell your supervisor by telephone as soon as you know that you are going to be absent or late. Tell them before your scheduled starting time. If you do not do so, you may not be able to continue in your voluntary community service placement and be assigned another work activity by us. When you return to your work site, you must bring any proof that you can get to show why you were absent or late.

### **What happens when you are absent or late without good cause, do not tell your supervisor that you will be absent or late, or do not provide proof?**

If you are absent or late without good cause, do not tell your supervisor, or do not provide proof, you may not be able to continue in your voluntary community service activity, and will be assigned another work activity.

SAMPLE

See next page 

## Community Service Participant Typical Tasks by Placement Cluster

Participant Name: \_\_\_\_\_  
First Name
M.I.
Last Name

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

Office Services	Maintenance Services
<ul style="list-style-type: none"> <li>• answer telephones</li> <li>• write messages</li> <li>• make appointments</li> <li>• greet and direct visitors</li> <li>• give general information</li> <li>• file records</li> <li>• fax documents</li> <li>• process routine papers</li> <li>• make copies and collate</li> <li>• set up meeting room</li> <li>• data entry</li> <li>• type on computer</li> <li>• serve as messenger</li> <li>• assist in mailroom</li> <li>• pack and unpack</li> <li>• check deliveries</li> <li>• receive, store and distribute supplies</li> <li>• assist with inventory control</li> <li>• operate postage meter</li> <li>• issue forms, supplies</li> <li>• post expenses</li> <li>• process vouchers</li> <li>• do simple bookkeeping</li> </ul>	<ul style="list-style-type: none"> <li>• dust and polish</li> <li>• sweep and mop floors</li> <li>• wax and buff floors</li> <li>• empty wastebaskets</li> <li>• vacuum</li> <li>• wash windows, walls, etc.</li> <li>• clean toilets, basins, fixtures</li> <li>• replace restroom supplies</li> <li>• make minor repairs</li> <li>• operate elevator</li> <li>• remove refuse and debris</li> <li>• inspect grounds, doors, windows</li> <li>• report dangerous conditions</li> <li>• report defective equipment</li> <li>• fuel and service motor vehicles</li> <li>• act as parking lot attendant</li> <li>• maintain cleanliness of vehicles or garages</li> <li>• load and unload materials</li> <li>• remove snow, leaves, refuse</li> <li>• perform simple gardening work</li> <li>• perform hospital housekeeping tasks</li> </ul>

Human/Community Services	
<p><b>Support Cultural Events</b></p> <ul style="list-style-type: none"> <li>• sew costumes</li> <li>• set up display or exhibits</li> <li>• distribute flyers</li> <li>• collect fees, tickets</li> </ul>	<p><b>Assist in Cafeterias, Food Programs</b></p> <ul style="list-style-type: none"> <li>• prepare food</li> <li>• serve food</li> <li>• set and clear tables</li> <li>• clean kitchen</li> </ul>
<p><b>Assist Elderly at Home/Centers</b></p> <ul style="list-style-type: none"> <li>• shop</li> <li>• clean home</li> <li>• escort to clinics, Centers, etc.</li> <li>• prepare meals</li> <li>• provide emotional support</li> <li>• provide simple bedside care</li> </ul>	<p><b>Assist Children</b></p> <ul style="list-style-type: none"> <li>• monitor play area</li> <li>• monitor lunchroom</li> <li>• assist teacher</li> <li>• straighten up after activities</li> <li>• help children with clothing</li> <li>• read stories</li> <li>• help in library</li> </ul>
<p><b>General Services</b></p> <ul style="list-style-type: none"> <li>• provide information</li> <li>• interpret</li> <li>• serve as a parking attendant</li> </ul>	

See next page



## Community Service Placement Information Summary

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
                    First Name                      M.I.                      Last Name

Telephone Number: \_\_\_\_\_ CIN: \_\_\_\_\_

Address: \_\_\_\_\_ Case Type: \_\_\_\_\_

\_\_\_\_\_ ES Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Job Center: \_\_\_\_\_

Borough of Residence: \_\_\_\_\_

### PLACEMENT INFORMATION

Agency: \_\_\_\_\_

Job Code: \_\_\_\_\_

Placement: \_\_\_\_\_

Description: \_\_\_\_\_

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

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

Work Hours: \_\_\_\_\_

Comment(s):

SAMPLE



Fecha: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

Centro: \_\_\_\_\_

Unidad de Casos: \_\_\_\_\_

Número de Teléfono de FH&C: \_\_\_\_\_

Código de Acción: \_\_\_\_\_

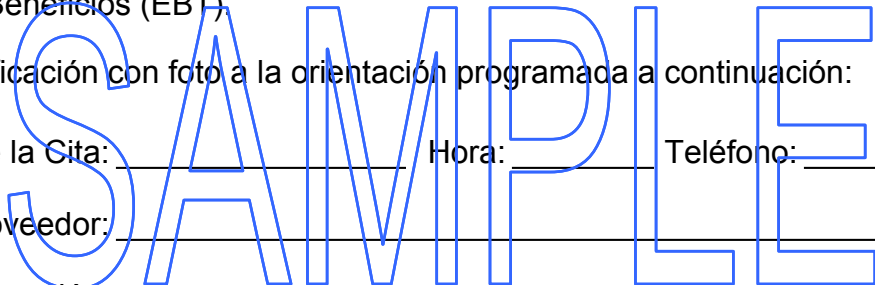
### Envío a Servicio Comunitario de CareerCompass

Usted ha acordado participar voluntariamente en una asignación de servicio comunitario como Asistente de Servicio Comunitario.

Las horas semanales que usted ha acordado trabajar de voluntario suman \_\_\_\_\_.

Se pondrá a su disponibilidad una asignación de transporte en su tarjeta de Transferencia Electrónica de Beneficios (EBT).

Traiga su identificación con foto a la orientación programada a continuación:



Fecha de la Cita: \_\_\_\_\_ Hora: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Nombre del Proveedor: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Indicaciones de Viaje:

**18 NYCRR 385.9(a)(7)** es la regla que nos permite aprobar esta colocación en servicio comunitario de voluntario.

**Vea la próxima página**

A usted se le puede eximir de los requisitos de actividad de trabajo de Asistencia en Efectivo, si se determina que ya no puede trabajar, o si está exento(a) por otro motivo tal como:

- haber cumplido los 60 años de edad.
- haber entrado en los últimos 30 días de embarazo.
- ser padre/madre soltero(a) que cuida a un niño menor de (13) semanas de edad.
- ser persona necesaria en casa para cuidar a un miembro de su hogar enfermo o discapacitado.

Como voluntario, usted debe trabajar el total acordado de horas en su local de trabajo, a menos que tenga motivo justificado por no trabajar. Si usted no trabaja el total de horas asignadas, ni tiene el antemencionado motivo justificado, no podrá participar en la colocación en servicio comunitario, y le asignaremos a otro trabajo.

Por el presente se le indica los pasos a tomar si piensa que no debería trabajar o debería recibir una asignación distinta, debido a una afección médica o a la imposibilidad de presentarse al trabajo por otro motivo.

### **¿Qué tal si usted piensa que debido a una afección médica no se le debería obligar a trabajar?**

Si no está de acuerdo con la determinación del Aviso de Determinación de Requisitos de Trabajo de Asistencia Temporal (No Exento) (**LDSS-4005 (a) SP NYC**) que usted puede trabajar, puede solicitar una conferencia o una Audiencia Imparcial, o ambas. Para más información, favor de consultar el **LDSS-4005 (a) SP NYC**.

### **¿Qué debe hacer si piensa que se le debe asignar a otro trabajo debido a una afección médica?**

Como participante voluntario en servicio comunitario, usted no tiene que aceptar esta colocación. Si usted piensa que se le debería asignar a otro trabajo, le enviaremos a otra actividad de trabajo o le derivaremos a evaluación médica.

### **¿Qué tal si su afección médica cambia de manera que afecte su aptitud para trabajar?**

Hable con su supervisor del local de trabajo de servicio comunitario sobre cualquier problema relacionado con su afección médica. Usted debe presentarnos una carta fechada en el membrete de su médico, con el nombre del mismo, afección médica, y la fecha anticipada de recuperación. Además, esta carta debe indicar las actividades de trabajo que usted no puede desempeñar y la razón de ello. La carta debe ser actual y original, no una fotocopia.

El proveedor de servicio comunitario puede cambiar la colocación, según la afección médica indicada en la carta proporcionada por usted, o también puede solicitar que nosotros le derivemos a usted a evaluación médica.

Como participante en servicio comunitario, usted puede optar por no participar en esa actividad, so pena ninguna, no obstante será asignado(a) a otra actividad de trabajo.

**Vea la próxima página** 

### **¿En qué circunstancias puede usted faltar a su asignación?**

Usted no tiene que presentarse a su asignación en los días feriados observados por su proveedor participante, ni en sus días de observancia religiosa (a ser documentados), ni cuando tenga "motivo justificado".

### **¿Qué se considera "motivo justificado" por faltar al trabajo?**

El "motivo justificado" incluye circunstancias ajenas a su voluntad, como enfermedad, emergencia familiar, deber de jurado, citas en oficinas de la HRA, cierre escolar, problemas con el cuidado infantil, o falta de transporte. "Motivo justificado" también incluye las entrevistas de empleo y el trabajo a temporario o a tiempo parcial.


### **¿Qué debe hacer usted si no puede presentarse al trabajo o si va a llegar tarde?**

Debe informar a su supervisor por teléfono tan pronto sepa que va a faltar o llegar tarde. Hágalo antes de la hora programada de comienzo de trabajo. De no hacerlo, puede perder su plaza en el servicio comunitario de voluntario y ser asignado(a) a otra actividad de trabajo. Al regresar a su local de trabajo, usted debe traer cualquier prueba del motivo por su ausencia o tardanza.

### **¿Qué tal si usted falta o llega tarde sin motivo justificado, sin informar de antemano a su supervisor, o sin proporcionar la prueba necesaria?**

Si usted falta o llega tarde sin motivo justificado, sin informar a su supervisor, o sin proporcionar la prueba necesaria, puede perder la plaza en la actividad de servicio comunitario de voluntario, y será asignado(a) a otra actividad de trabajo.

SAMPLE

**Vea la próxima página** 

## Tareas Típicas por Grupo de Colocación del Participante en Servicio Comunitario

Nombre del Participante: \_\_\_\_\_  
Nombre I. Apellido

Número del Caso: \_\_\_\_\_

Servicios de Oficina	Servicios de Mantenimiento
<ul style="list-style-type: none"> <li>• contestación de teléfonos</li> <li>• redacción de mensajes</li> <li>• programación de citas</li> <li>• acogida y orientación de visitantes</li> <li>• anuncio de información general</li> <li>• archivo de expedientes</li> <li>• envío de documentos por fax</li> <li>• tramitación de documentos rutinarios</li> <li>• producción y cotejo de copias</li> <li>• habilitación de salas de conferencia</li> <li>• ingreso de datos</li> <li>• mecanografía de computadora</li> <li>• mensajería</li> <li>• trabajo de cuarto de correo</li> <li>• empacamiento y desempacamiento</li> <li>• entrega de cheques</li> <li>• recibimiento, almacenaje y distribución de suministros</li> <li>• control de inventario</li> <li>• operación de metro de franqueo</li> <li>• expedición de formularios o suministros</li> <li>• publicación de gastos</li> <li>• tramitación de vales</li> <li>• teneduría de libros sencilla</li> </ul>	<ul style="list-style-type: none"> <li>• desempolvamiento y pulido</li> <li>• barrido y trapeada de pisos</li> <li>• enceramiento y pulido de pisos</li> <li>• desecho de basura</li> <li>• aspiración de pisos</li> <li>• lavado de ventanas, paredes, etc.</li> <li>• lavado de inodoros, lavabos, instalaciones</li> <li>• reemplazo de suministros de baños</li> <li>• reparaciones menores</li> <li>• operación de ascensor</li> <li>• desecho de desperdicios y escombros</li> <li>• inspección de terrenos, puertas, ventanas</li> <li>• aviso de condiciones peligrosas</li> <li>• aviso de equipo defectuoso</li> <li>• suministro de combustible para vehículos y mantenimiento</li> <li>• cargo de estacionamiento</li> <li>• limpieza de vehículos o garajes</li> <li>• carga y descarga de materiales</li> <li>• quitado de nieve, hojarasca, desperdicios</li> <li>• jardinería sencilla</li> <li>• limpieza de hospitales</li> </ul>
<b>Servicios Humanos/Comunitarios</b>	
<p><b>Apoyo a Acontecimientos Culturales</b></p> <ul style="list-style-type: none"> <li>• costura de trajes de disfraz</li> <li>• disposición de exposiciones o exhibiciones</li> <li>• distribución de volantes</li> <li>• cobro de cuotas, boletos</li> </ul>	<p><b>Asistencia en Cafeterías, Programas de Comida</b></p> <ul style="list-style-type: none"> <li>• preparación de comidas</li> <li>• servicio de comidas</li> <li>• puesta y quitado de mesas</li> <li>• limpieza de cocinas</li> </ul>
<p><b>Ayuda a los Ancianos en Hogares/Centros</b></p> <ul style="list-style-type: none"> <li>• compras</li> <li>• limpieza de casas</li> <li>• acompañamiento a clínicas, centros, etc.</li> <li>• preparación de comidas</li> <li>• apoyo emocional</li> <li>• cuidado sencillo a enfermos o discapacitados</li> </ul>	<p><b>Ayuda a Niños</b></p> <ul style="list-style-type: none"> <li>• vigilancia de áreas de juego</li> <li>• vigilancia de comedores</li> <li>• ayuda a maestros</li> <li>• organización de locales después de actividades</li> <li>• ayuda con la ropa</li> <li>• lectura de cuentos</li> <li>• ayuda en bibliotecas</li> </ul>
<p><b>Servicios Generales</b></p> <ul style="list-style-type: none"> <li>• anuncio de información</li> <li>• interpretación de idiomas</li> <li>• cargo de estacionamiento</li> </ul>	

Vea la próxima página

## Resumen de Información de Colocación en Servicio Comunitario

### INFORMACIÓN DEL PARTICIPANTE

Nombre: \_\_\_\_\_ Número del Caso: \_\_\_\_\_  
Nombre I. Apellido

Número de Teléfono: \_\_\_\_\_ CIN: \_\_\_\_\_

Dirección: \_\_\_\_\_ Tipo del Caso: \_\_\_\_\_

\_\_\_\_\_ Código ES: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_ Centro de Trabajo: \_\_\_\_\_

Condado de Residencia: \_\_\_\_\_

### INFORMACIÓN DE COLOCACIÓN

Agencia: \_\_\_\_\_

Código de Trabajo: \_\_\_\_\_

Colocación: \_\_\_\_\_

Reseña: \_\_\_\_\_

Fecha de NS: \_\_\_\_\_

Fecha de Presentación: \_\_\_\_\_

Horas de Trabajo: \_\_\_\_\_

Comentarios:



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

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

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

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

Caseload: \_\_\_\_\_

FH&C

Phone Number: \_\_\_\_\_

Action Code: \_\_\_\_\_

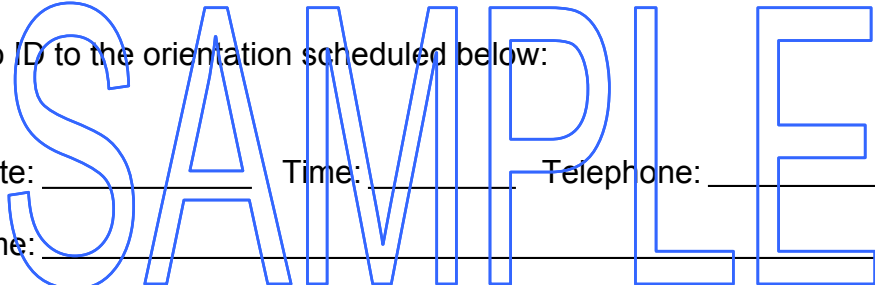
### YouthPathways Community Service Referral

You agree to participate in a community service assignment as a Community Service Aide.

The number of hours you have agreed to volunteer every week is \_\_\_\_\_ hours.

Carfare for your community service participation will be made available on your Electronic Benefit Transfer (EBT) card.

Bring your photo ID to the orientation scheduled below:



Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Travel Directions:

The rule that allows us to approve this voluntary community service placement is **18 NYCRR 385.9(a)(7)**.

See next page

You can become exempt from Cash Assistance work activity requirements if we find that you have become unable to work or exempt for another reason such as:

- You have reached 60 years of age.
- You are in the last 30 days of pregnancy.
- You are a single parent caring for a child less than thirteen (13) weeks of age.
- You are needed at home to take care of a member of your household who is ill or has a disability.

As a volunteer, you should work the agreed upon number of hours at your work site, unless you have good cause or a good reason not to work. If you do not work the assigned hours and do not have good cause, you will not be able to participate in this community service placement, and we will give you another work assignment.

This notice tells you what to do if you believe that you should not work or should receive a different assignment because of a medical condition, or you cannot come to work for another reason.

### **What if you believe that you should not be required to work because of a medical condition?**

If you do not agree with the finding in the Notification of Temporary Assistance Work Requirements Determination (Non-Exempt) (**LDSS-4005 (a) NYC**) that you are able to work, you may ask for a conference or a Fair Hearing, or both. Please read the **LDSS-4005 (a) NYC** for more information.

### **What to do if you think that you should be given a different work assignment because of a medical condition:**

As a voluntary participant in community service you do not have to participate in this placement. If you think you should be given a different assignment, we will assign you to another work activity or refer you for a medical assessment.

### **What if your medical condition changes in a way that affects your ability to work?**

Talk to your community service work site supervisor about any issue related to your medical condition. You must give us a letter on your doctor's stationery that includes your doctor's name, the date, your medical condition, and when you are expected to recover. The letter must also say what work activities you are unable to do and why. The letter must be an original, not a photocopy, and it must be current.

The community service provider may change your placement to another based on the medical condition described in the letter you provide or may request that we refer you for a medical assessment.

As a participant in community service you may choose not to participate in that activity without penalty, but we will assign you to another work activity.

See next page 



### **When can you be absent from your assignment?**

You do not have to report to your assignment on holidays observed by your participating provider, on your days of religious observance (must have proof), or when you have "good cause."

### **What is "good cause" for missing a day or days of work?**

"Good cause" includes circumstances beyond your control like illness, family emergency, jury duty, appointments at an HRA office, school closings, child care issues, or lack of transportation. "Good cause" also includes employment interviews and temporary or part-time employment.

### **What to do if you cannot come to work or you are going to be late?**

You must tell your supervisor by telephone as soon as you know that you are going to be absent or late. Tell them before your scheduled starting time. If you do not do so, you may not be able to continue in your voluntary community service placement and be assigned another work activity by us. When you return to your work site, you must bring any proof that you can get to show why you were absent or late.

### **What happens when you are absent or late without good cause, do not tell your supervisor that you will be absent or late, or do not provide proof?**

If you are absent or late without good cause, do not tell your supervisor, or do not provide proof, you may not be able to continue in your voluntary community service activity, and will be assigned another work activity.

SAMPLE

See next page 

## Community Service Participant Typical Tasks by Placement Cluster

Participant Name: \_\_\_\_\_  
First Name
M.I.
Last Name

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

Office Services	Maintenance Services
<ul style="list-style-type: none"> <li>• answer telephones</li> <li>• write messages</li> <li>• make appointments</li> <li>• greet and direct visitors</li> <li>• give general information</li> <li>• file records</li> <li>• fax documents</li> <li>• process routine papers</li> <li>• make copies and collate</li> <li>• set up meeting room</li> <li>• data entry</li> <li>• type on computer</li> <li>• serve as messenger</li> <li>• assist in mailroom</li> <li>• pack and unpack</li> <li>• check deliveries</li> <li>• receive, store and distribute supplies</li> <li>• assist with inventory control</li> <li>• operate postage meter</li> <li>• issue forms, supplies</li> <li>• post expenses</li> <li>• process vouchers</li> <li>• do simple bookkeeping</li> </ul>	<ul style="list-style-type: none"> <li>• dust and polish</li> <li>• sweep and mop floors</li> <li>• wax and buff floors</li> <li>• empty wastebaskets</li> <li>• vacuum</li> <li>• wash windows, walls, etc.</li> <li>• clean toilets, basins, fixtures</li> <li>• replace restroom supplies</li> <li>• make minor repairs</li> <li>• operate elevator</li> <li>• remove refuse and debris</li> <li>• inspect grounds, doors, windows</li> <li>• report dangerous conditions</li> <li>• report defective equipment</li> <li>• fuel and service motor vehicles</li> <li>• act as parking lot attendant</li> <li>• maintain cleanliness of vehicles or garages</li> <li>• load and unload materials</li> <li>• remove snow, leaves, refuse</li> <li>• perform simple gardening work</li> <li>• perform hospital housekeeping tasks</li> </ul>

Human/Community Services	
<p><b>Support Cultural Events</b></p> <ul style="list-style-type: none"> <li>• sew costumes</li> <li>• set up display or exhibits</li> <li>• distribute flyers</li> <li>• collect fees, tickets</li> </ul>	<p><b>Assist in Cafeterias, Food Programs</b></p> <ul style="list-style-type: none"> <li>• prepare food</li> <li>• serve food</li> <li>• set and clear tables</li> <li>• clean kitchen</li> </ul>
<p><b>Assist Elderly at Home/Centers</b></p> <ul style="list-style-type: none"> <li>• shop</li> <li>• clean home</li> <li>• escort to clinics, Centers, etc.</li> <li>• prepare meals</li> <li>• provide emotional support</li> <li>• provide simple bedside care</li> </ul>	<p><b>Assist Children</b></p> <ul style="list-style-type: none"> <li>• monitor play area</li> <li>• monitor lunchroom</li> <li>• assist teacher</li> <li>• straighten up after activities</li> <li>• help children with clothing</li> <li>• read stories</li> <li>• help in library</li> </ul>
<p><b>General Services</b></p> <ul style="list-style-type: none"> <li>• provide information</li> <li>• interpret</li> <li>• serve as a parking attendant</li> </ul>	

See next page

## Community Service Placement Information Summary

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_  
                    First Name                      M.I.                      Last Name

Telephone Number: \_\_\_\_\_ CIN: \_\_\_\_\_

Address: \_\_\_\_\_ Case Type: \_\_\_\_\_

\_\_\_\_\_ ES Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Job Center: \_\_\_\_\_

Borough of Residence: \_\_\_\_\_

### PLACEMENT INFORMATION

Agency: \_\_\_\_\_

Job Code: \_\_\_\_\_

Placement: \_\_\_\_\_

Description: \_\_\_\_\_

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

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

Work Hours: \_\_\_\_\_

Comment(s):

SAMPLE



Fecha: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

Centro: \_\_\_\_\_

Unidad de Casos: \_\_\_\_\_

Número de Teléfono de FH&C: \_\_\_\_\_

Código de Acción: \_\_\_\_\_

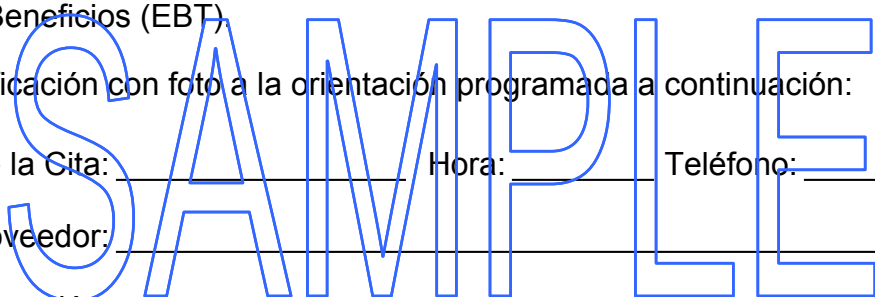
### Envío a Servicio Comunitario de YouthPathways

Usted ha acordado participar voluntariamente en una asignación de servicio comunitario como Asistente de Servicio Comunitario.

Las horas semanales que usted ha acordado trabajar de voluntario suman \_\_\_\_\_.

Se pondrá a su disponibilidad una asignación de transporte en su tarjeta de Transferencia Electrónica de Beneficios (EBT).

Traiga su identificación con foto a la orientación programada a continuación:



Fecha de la Cita: \_\_\_\_\_ Hora: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Nombre del Proveedor: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Indicaciones de Viaje:

**18 NYCRR 385.9(a)(7)** es la regla que nos permite aprobar esta colocación en servicio comunitario de voluntario.

**Vea la próxima página**

A usted se le puede eximir de los requisitos de actividad de trabajo de Asistencia en Efectivo, si se determina que ya no puede trabajar, o si está exento(a) por otro motivo tal como:

- haber cumplido los 60 años de edad.
- haber entrado en los últimos 30 días de embarazo.
- ser padre/madre soltero(a) que cuida a un niño menor de (13) semanas de edad.
- ser persona necesaria en casa para cuidar a un miembro de su hogar enfermo o discapacitado.

Como voluntario, usted debe trabajar el total acordado de horas en su local de trabajo, a menos que tenga motivo justificado por no trabajar. Si usted no trabaja el total de horas asignadas, ni tiene el antemencionado motivo justificado, no podrá participar en la colocación en servicio comunitario, y le asignaremos a otro trabajo.

Por el presente se le indica los pasos a tomar si piensa que no debería trabajar o debería recibir una asignación distinta, debido a una afección médica o a la imposibilidad de presentarse al trabajo por otro motivo.

### **¿Qué tal si usted piensa que debido a una afección médica no se le debería obligar a trabajar?**

Si no está de acuerdo con la determinación del Aviso de Determinación de Requisitos de Trabajo de Asistencia Temporal (No Exento) (**LDSS-4005 (a) SP NYC**) que usted puede trabajar, puede solicitar una conferencia o una Audiencia Imparcial, o ambas. Para más información, favor de consultar el **LDSS-4005 (a) SP NYC**.

### **¿Qué debe hacer si piensa que se le debe asignar a otro trabajo debido a una afección médica?**

Como participante voluntario en servicio comunitario, usted no tiene que aceptar esta colocación. Si usted piensa que se le debería asignar a otro trabajo, le enviaremos a otra actividad de trabajo o le derivaremos a evaluación médica.

### **¿Qué tal si su afección médica cambia de manera que afecte su aptitud para trabajar?**

Hable con su supervisor del local de trabajo de servicio comunitario sobre cualquier problema relacionado con su afección médica. Usted debe presentarnos una carta fechada en el membrete de su médico, con el nombre del mismo, afección médica, y la fecha anticipada de recuperación. Además, esta carta debe indicar las actividades de trabajo que usted no puede desempeñar y la razón de ello. La carta debe ser actual y original, no una fotocopia.

El proveedor de servicio comunitario puede cambiar la colocación, según la afección médica indicada en la carta proporcionada por usted, o también puede solicitar que nosotros le derivemos a usted a evaluación médica.

Como participante en servicio comunitario, usted puede optar por no participar en esa actividad, so pena ninguna, no obstante será asignado(a) a otra actividad de trabajo.

**Vea la próxima página** 

### **¿En qué circunstancias puede usted faltar a su asignación?**

Usted no tiene que presentarse a su asignación en los días feriados observados por su proveedor participante, ni en sus días de observancia religiosa (a ser documentados), ni cuando tenga "motivo justificado".

### **¿Qué se considera "motivo justificado" por faltar al trabajo?**

El "motivo justificado" incluye circunstancias ajenas a su voluntad, como enfermedad, emergencia familiar, deber de jurado, citas en oficinas de la HRA, cierre escolar, problemas con el cuidado infantil, o falta de transporte. "Motivo justificado" también incluye las entrevistas de empleo y el trabajo temporario o a tiempo parcial.

### **¿Qué debe hacer usted si no puede presentarse al trabajo o si va a llegar tarde?**

Debe informar a su supervisor por teléfono tan pronto sepa que va a faltar o llegar tarde. Hágalo antes de la hora programada de comienzo de trabajo. De no hacerlo, puede perder su plaza en el servicio comunitario de voluntario y ser asignado(a) a otra actividad de trabajo. Al regresar a su local de trabajo, usted debe traer cualquier prueba del motivo por su ausencia o tardanza.

### **¿Qué tal si usted falta o llega tarde sin motivo justificado, sin informar de antemano a su supervisor, o sin proporcionar la prueba necesaria?**

Si usted falta o llega tarde sin motivo justificado, sin informar a su supervisor, o sin proporcionar la prueba necesaria, puede perder la plaza en la actividad de servicio comunitario de voluntario, y será asignado(a) a otra actividad de trabajo.

SAMPLE

**Vea la próxima página** 

## Tareas Típicas por Grupo de Colocación del Participante en Servicio Comunitario

Nombre del Participante: \_\_\_\_\_  
Nombre I. Apellido

Número del Caso: \_\_\_\_\_

<b>Servicios de Oficina</b>	<b>Servicios de Mantenimiento</b>
<ul style="list-style-type: none"> <li>• contestación de teléfonos</li> <li>• redacción de mensajes</li> <li>• programación de citas</li> <li>• acogida y orientación de visitantes</li> <li>• anuncio de información general</li> <li>• archivo de expedientes</li> <li>• envío de documentos por fax</li> <li>• tramitación de documentos rutinarios</li> <li>• producción y cotejo de copias</li> <li>• habilitación de salas de conferencia</li> <li>• ingreso de datos</li> <li>• mecanografía de computadora</li> <li>• mensajería</li> <li>• trabajo de cuarto de correo</li> <li>• empacamiento y desempacamiento</li> <li>• entrega de cheques</li> <li>• recibimiento, almacenaje y distribución de suministros</li> <li>• control de inventario</li> <li>• operación de metro de franqueo</li> <li>• expedición de formularios o suministros</li> <li>• publicación de gastos</li> <li>• tramitación de vales</li> <li>• teneduría de libros sencilla</li> </ul>	<ul style="list-style-type: none"> <li>• desempolvamiento y pulido</li> <li>• barrido y trapeada de pisos</li> <li>• enceramiento y pulido de pisos</li> <li>• desecho de basura</li> <li>• aspiración de pisos</li> <li>• lavado de ventanas, paredes, etc.</li> <li>• lavado de inodoros, palanganas, instalaciones</li> <li>• reemplazo de suministros de baños</li> <li>• reparaciones menores</li> <li>• operación de ascensor</li> <li>• desecho de desperdicios y escombros</li> <li>• inspección de terrenos, puertas, ventanas</li> <li>• aviso de condiciones peligrosas</li> <li>• aviso de equipo defectuoso</li> <li>• suministro de combustible para vehículos y mantenimiento</li> <li>• cargo de estacionamiento</li> <li>• limpieza de vehículos o garajes</li> <li>• carga y descarga de materiales</li> <li>• quitado de nieve, hojarasca, desperdicios</li> <li>• jardinería sencilla</li> <li>• limpieza de hospitales</li> </ul>
<b>Servicios Humanos/Comunitarios</b>	
<p><b>Apoyo a Eventos Culturales</b></p> <ul style="list-style-type: none"> <li>• costura de trajes de disfraz</li> <li>• disposición de exposiciones o exhibiciones</li> <li>• distribución de volantes</li> <li>• cobro de cuotas, boletos</li> </ul>	<p><b>Asistencia en Cafeterías, Programas de Comida</b></p> <ul style="list-style-type: none"> <li>• preparación de comidas</li> <li>• servicio de comidas</li> <li>• puesta y quitado de mesas</li> <li>• limpieza de cocinas</li> </ul>
<p><b>Ayuda a los Ancianos en Hogares/Centros</b></p> <ul style="list-style-type: none"> <li>• compras</li> <li>• limpieza de casas</li> <li>• acompañamiento a clínicas, Centros, etc.</li> <li>• preparación de comidas</li> <li>• apoyo emocional</li> <li>• cuidado sencillo a enfermos o discapacitados</li> </ul>	<p><b>Ayuda a Niños</b></p> <ul style="list-style-type: none"> <li>• vigilancia de áreas de juego</li> <li>• vigilancia de comedores</li> <li>• ayuda a maestros</li> <li>• organización de locales después de actividades</li> <li>• ayuda con la ropa</li> <li>• lectura de cuentos</li> <li>• ayuda en bibliotecas</li> </ul>
<b>Servicios Generales</b>	
<ul style="list-style-type: none"> <li>• anuncio de información</li> <li>• interpretación de idiomas</li> <li>• cargo de estacionamiento</li> </ul>	

Vea la próxima página





Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_

**OB  
SO  
LE  
TE**

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

We are writing to inform you that we have scheduled an appointment for you to discuss a job opportunity for you at the New York City Department of Parks and Recreation.

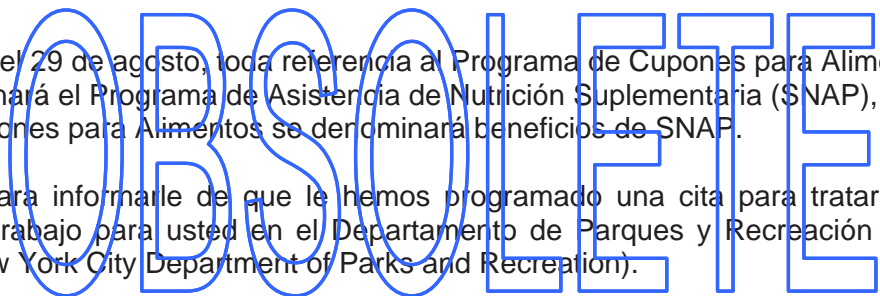
In cooperation with HRA, the New York City Department of Parks and Recreation is hiring Cash Assistance participants. You are eligible for this program and if you are hired, you will work for the Parks Department for six months and earn \$8.49 per hour. Each week you will work four days and spend one day in job search, education and training programs designed specifically to help you get a job when you complete your six months. You will be paid for both your work and the time you spend in the education, training and job search programs.

We will provide you with more information on this program at your appointment. We will also help you with any child care arrangements you need in order to work.

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Location Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This is a mandatory engagement appointment. Failure to attend may result in a closing/reduction of your Cash Assistance and Supplemental Nutrition Assistance Program (SNAP) benefits. If you are unable to keep this appointment, please call the telephone number indicated above before the date of your appointment.

Fecha: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_



**NOTA:** A partir del 29 de agosto, toda referencia al Programa de Cupones para Alimentos en este aviso se denominará el Programa de Asistencia de Nutrición Suplementaria (SNAP), y toda referencia a Cupones para Alimentos se denominará beneficios de SNAP.

Le escribimos para informarle de que le hemos programado una cita para tratar el tema de una oportunidad de trabajo para usted en el Departamento de Parques y Recreación de la Ciudad de Nueva York (New York City Department of Parks and Recreation).

En colaboración con HRA, el Departamento de Parques y Recreación de la Ciudad de Nueva York está contratando a participantes de Asistencia en Efectivo. Usted es elegible para este programa y si se le contrata, trabajará para el Departamento de Parques por seis meses y ganará \$8.49 la hora. Cada semana usted trabajará cuatro días y dedicará un día al búsqueda de trabajo, educación y programa de capacitación creado específicamente para ayudarle a conseguir trabajo una vez que complete sus seis meses. Se le pagará por ambos el trabajo y las actividades de educación, capacitación y búsqueda de trabajo.

Le brindaremos más información sobre este programa durante su cita. Además le ayudaremos con cualesquier arreglos de cuidado infantil que necesite para poder trabajar.

Fecha de Cita: \_\_\_\_\_ Hora: \_\_\_\_\_ Teléfono: \_\_\_\_\_  
Nombre del Local: \_\_\_\_\_  
Dirección: \_\_\_\_\_  
Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Esta cita de participación es obligatoria. El incumplimiento de la cita puede resultar en el cierre/la reducción de sus beneficios de Asistencia en Efectivo y de SNAP. Si no puede cumplir esta cita, favor de llamar al número de teléfono indicado más arriba antes de la fecha de la cita.

# Parks and Recreation/Parks Opportunity Program Presents Youth Engagement Services (YES)

## What is YES?

YES is a 12-month wage-subsidized employment and education program for **parenting 18–20 year olds** who have their own public assistance case. YES operates within the Parks Opportunity Program at the Department of Parks and Recreation, and emphasizes intensive counseling, education and life skill services in addition to job training and career development activities.

## What Does a YES Trainee Do?

YES trainees spend eight hours a day, **five days a week in education, employment and personal development** activities at the Parks Department. Each week, three days are spent in a Parks work assignment and two days are devoted to counseling, education/training, professional certifications and a healthy lifestyle seminar. In addition, the program offers special leadership development and volunteer activities throughout the year.

## What is a Possible Work Assignment?

Early in the program, staff will work with trainees to place them in an assignment that is most appropriate to their interests and experience. Possible work areas include: recreation, maintenance, park security, information technology, computer resource centers and specialized field crews.

## What Will I Gain by Participating in YES?

YES can provide many **valuable experiences and skills** if you are dedicated to the program. YES offers marketable work experience, a support network of peers and staff, GED courses, professional training programs and job placement assistance. In these and other ways, we will help you define your personal and career goals and give you the tools you need to achieve them.

# Parks and Recreation/Parks Opportunity Program Presents Youth Engagement Services (YES)

## Additional Expectations

- Work an eight-hour day with a 30-minute lunch hour
- Wear a Parks uniform during work hours
- Report to work as scheduled and give proper notification when absent or late
- Perform all duties as assigned and maintain satisfactory work performance
- Attend all FIA-related appointments
- Maintain an active/open public assistance case
- Active participation in job search activities that will lead to private sector employment
- Routine attendance and active participation in program counseling sessions
- Active participation in education/training classes, including basic reading and math skills, GED preparation, professional certification courses and computer training
- Active participation in a weekly healthy lifestyles seminar

## Rebudgeting Trainees' Public Assistance Cases

YES is a wage-subsidized employment program in which the participant's public assistance grant is diverted to reimburse the employer for salary, training costs, etc. During the time participants are employed at Parks, their public assistance case will remain open and will be transferred to a Parks Job Center (Linden Center 67 for Brooklyn and St. Nicholas Center 26 for Bronx). Every participant's public assistance case will be rebudgeted to reflect the income received from the Parks Department. Cases will be managed by a Parks Job Center throughout the duration of the participant's employment at Parks.



In a letter dated December 10, 2007, you were sent a note advising you of your eligibility to recertify for food stamps using the Interactive Voice Response System (IVRS). Due to a system error, if you attempted to use IVRS to recertify prior to December 18, 2007, you may have received the message "Your recertification date is either today or in the past. This makes you ineligible to recertify via IVRS." This error has been corrected and eligible households can now recertify using IVRS. If you attempted to recertify prior to December 18, 2007, we urge you to try again. We have enclosed a second copy of the original letter we sent you.

We apologize for this inconvenience.

(Vea al dorso)



A usted se le envió una carta fechada el 10 de diciembre, avisándole de su elegibilidad para recertificar para cupones de alimentos usando el Sistema Interactivo de Respuesta Oral (Interactive Voice Response System – IVRS). Si acaso usted intentó usar el IVRS para recertificar antes del 18 de diciembre del 2007, puede ser que usted recibió un mensaje que dijo “Su fecha de recertificación es hoy y/o que ya pasó”. Debido a un error con nuestro sistema, esto no lo hace elegible para recertificar por el sistema IVRS. Este error ha sido corregido y hogares que sí son elegibles, ahora pueden recertificar usando el IVRS. Si usted había intentado recertificarse antes del 18 de diciembre del 2007, le insistimos que vuelva a intentarlo. Le enviamos adjunta una segunda copia de la carta original que le habíamos enviado.

Nos disculpamos por esta inconveniencia.

(See other side)

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

## You May Now Be Eligible For Food Stamp Benefits

Our records indicate that prior to January 1, 2008, you were a food stamp (FS) recipient whose FS benefits were terminated (FS case was closed) or had applied for FS benefits and determined to be ineligible, due to the presence of resources in your household.

As of January 1, 2008, New York State is exempting all resources from the FS eligibility criteria for all households that do not contain a member that is currently sanctioned for FS and whose income is at or under 130% of the federal poverty level or 200% if the household contains an elderly or disabled member.

Since the change in the eligibility criteria may now make you eligible for the receipt of FS benefits, we invite you to come in to one of the local FS Centers and apply. Applying for food stamps is easier than ever and if you are working, now you may qualify for a telephone interview for your benefits.

We have included the Food Stamp Income Guidelines (**W-138Q**), which lists all FS Centers where you can apply.

# This is an AUTOMATED Job Center



If you are going to stay today until you complete the entire application process, you do not need to fill out a paper application. A Worker will conduct the interview through a computerized process.

If you cannot wait to speak to a Worker today, please tell the Receptionist so that your application file date can be preserved.



Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Type: \_\_\_\_\_  
Caseload: \_\_\_\_\_

OBSOLETE

**This is a mandatory appointment.** If you do not keep your appointment or do not participate as required, your application for Cash Assistance and/or Supplemental Nutrition Assistance Program (SNAP) benefits may be denied. If you are a recipient of Cash Assistance or SNAP benefits, your Cash Assistance and SNAP benefits may be reduced or your case may be closed. 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, please call the telephone number listed below prior to your reporting time to arrange another appointment.

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Travel Directions:

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_  
FH Number: \_\_\_\_\_

### Fair Hearing Resolution Statement

Based on the Agency's determination to resolve **all** or **some** issues of your Fair Hearing request, the following action(s) have been taken on your case.

[ ] Not all issues of your Fair Hearing request were resolved.

#### Cash Assistance: Food and Other

- We are issuing you \$ \_\_\_\_\_ as a nonrecurring or retroactive Cash Assistance grant for \_\_\_\_\_ . This benefit will be available to you on or before \_\_\_\_\_ .  
(Period covered) (Date)
- Immediately before your Fair Hearing request, your semimonthly Cash Assistance grant was \$ \_\_\_\_\_ . Effective \_\_\_\_\_ , your semimonthly Cash Assistance grant will be \$ \_\_\_\_\_ .  
(Date)
- Your restored benefits mentioned above are being offset by recoupment(s) not at issue in this Fair Hearing request, reducing your semimonthly Cash Assistance grant.
- You did not lose any Cash Assistance benefits because you received aid-continuing Cash Assistance. Therefore, your Cash Assistance benefits remain the same.
- Your Cash Assistance benefits remain unchanged.
- We are not issuing any Cash Assistance benefits at this time because you are currently ineligible for benefits based on reasons not related to the issues addressed in this Fair Hearing request.

**Shelter Allowance**

We are issuing you \$ \_\_\_\_\_ as a shelter allowance for \_\_\_\_\_.  
(Period covered)

This benefit will be issued directly to your landlord on or before \_\_\_\_\_.  
(Date)

Immediately before your Fair Hearing request, your semimonthly shelter allowance was \$ \_\_\_\_\_.

Effective \_\_\_\_\_, your shelter allowance will be \$ \_\_\_\_\_.  
(Date)

Your shelter supplement \_\_\_\_\_ was restored on \_\_\_\_\_.  
(Example: FEPS, etc.) (Date)

We are unable to restore your shelter supplement \_\_\_\_\_; because  
(Example: FEPS, etc.)

\_\_\_\_\_  
\_\_\_\_\_

We are not issuing any shelter benefits at this time because you are currently ineligible for benefits based on reasons not related to the issues addressed in this Fair Hearing request.

**OBSELETE**

**Other Actions**

The Agency's determination to sanction was reversed and the Cash Assistance and/or SNAP benefits sanction for \_\_\_\_\_ was deleted/lifted. Cash Assistance benefits in the  
(Participant's Name)  
amount of \$ \_\_\_\_\_ issued for period \_\_\_\_\_. SNAP benefits in the amount of \$ \_\_\_\_\_  
issued for period \_\_\_\_\_.

The recoupment, RTI # \_\_\_\_\_  remains unchanged or  was deleted.

The recoupment, RTI # \_\_\_\_\_  remains unchanged or  was deleted.

The recoupment, RTI # \_\_\_\_\_  remains unchanged or  was deleted.

[ ] Cash Assistance in the amount of \$ \_\_\_\_\_ issued for period \_\_\_\_\_.

Your budget was changed because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There was no interruption in Child Care.

Your Child Care has been reinstated effective \_\_\_\_\_.  
(Date)

- In order to receive retroactive and/or ongoing child care, you or your provider must forward verification of child care services and/or time-sheets to the Administration for Children's Services' Voucher Payment Unit at (212) 227-2257.
- You are not eligible for child care because \_\_\_\_\_

**SNAP Benefits**

- We are issuing you \$\_\_\_\_\_ in retroactive SNAP benefits for \_\_\_\_\_  
(Period covered)

These SNAP benefits will be available to you after \_\_\_\_\_.  
(Date)

- Immediately before your Fair Hearing request, your monthly SNAP benefits were \$\_\_\_\_\_.

Effective \_\_\_\_\_, your monthly SNAP benefits will be \$\_\_\_\_\_.  
(Date)

- The restored SNAP benefits mentioned above are being offset by recoupment(s) not at issue in this Fair Hearing request, reducing your ongoing SNAP benefit.
- You did not lose any SNAP benefits because you received aid-continuing. Therefore, your SNAP benefits remain the same.
- We are not issuing any SNAP benefits at this time because your certification period has expired.
- Your SNAP benefits remain unchanged.

OBSOLETE

**Medical Assistance**

- If your Medicaid benefits were interrupted, they will be restored along with your Cash Assistance benefits.

Comments (Optional):

\_\_\_\_\_  
Worker's Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**AUTHORIZATION TO GRANT PUBLIC ASSISTANCE**

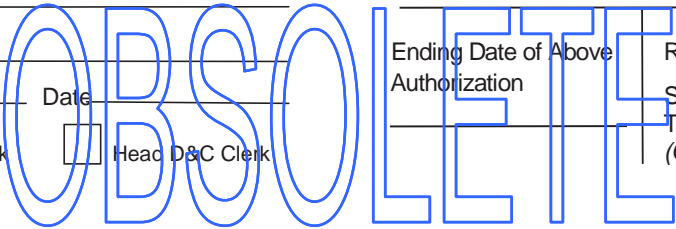
Name (type or print)	Signature
Job Title	Civil Service Title
IS/Job/FS Center	Date Authorization Effective

The above-named staff member whose signature I have witnessed is hereby authorized to grant public assistance in this IS/Job/FS Center.

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (Check one)  Center Director  Office Manager  Other \_\_\_\_\_

Ending Date of Above Authorization	Recorded by _____
_____	Signature _____ Date _____
	Title (Check one) <input type="checkbox"/> Head Control Clerk <input type="checkbox"/> Head D&C Clerk



**AUTHORIZATION TO GRANT PUBLIC ASSISTANCE**

Name (type or print)	Signature
Job Title	Civil Service Title
IS/Job/FS Center	Date Authorization Effective

The above-named staff member whose signature I have witnessed is hereby authorized to grant public assistance in this IS/Job/FS Center.

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (Check one)  Center Director  Office Manager  Other \_\_\_\_\_

Ending Date of Above Authorization	Recorded by _____
_____	Signature _____ Date _____
	Title (Check one) <input type="checkbox"/> Head Control Clerk <input type="checkbox"/> Head D&C Clerk

**AUTHORIZATION TO GRANT PUBLIC ASSISTANCE**

Name (type or print)	Signature
Job Title	Civil Service Title
IS/Job/FS Center	Date Authorization Effective

The above-named staff member whose signature I have witnessed is hereby authorized to grant public assistance in this IS/Job/FS Center.

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (Check one)  Center Director  Office Manager  Other \_\_\_\_\_

Ending Date of Above Authorization	Recorded by _____
_____	Signature _____ Date _____
	Title (Check one) <input type="checkbox"/> Head Control Clerk <input type="checkbox"/> Head D&C Clerk

**AUTHORIZATION TO GRANT PUBLIC ASSISTANCE**

Name (type or print)	Signature
Job Title	Civil Service Title
IS/Job/FS Center	Date Authorization Effective

The above-named staff member whose signature I have witnessed is hereby authorized to grant public assistance in this IS/Job/FS Center.

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (Check one)  Center Director  Office Manager  Other \_\_\_\_\_

Ending Date of Above Authorization	Recorded by _____
_____	Signature _____ Date _____
	Title (Check one) <input type="checkbox"/> Head Control Clerk <input type="checkbox"/> Head D&C Clerk

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_

### Notice of Outstanding Required Documentation

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

In connection with your application or recertification you must provide documents that verify the factors checked (☑) below. These documents must be submitted by \_\_\_\_\_ Date \_\_\_\_\_. If the Agency does not receive these documents as indicated, your application for Supplemental Nutrition Assistance Program (SNAP) Benefits may be denied, reduced or discontinued. These documents can be submitted in person or mailed to the address above. If mailing, please use the self-addressed, postage paid envelope we have provided for you. If you cannot get the outstanding documents, tell your Worker right away. Your Worker will then try to help you obtain the documents you need. You will not be denied SNAP if you cannot provide the requested documents if your eligibility can otherwise be established.

#### REQUIRED

1.  Verification that \_\_\_\_\_ lives in your household  
Name
2.  Verification that you are billed for utilities or fuel for heat separate from your rent
3.  Verification of your shelter expenses (e.g., rent or mortgage payments)
4.  Verification of your child care or dependent care costs
5.  Verification of your medical costs
6.  Income of \_\_\_\_\_  
Name Name
7.  Bank account of \_\_\_\_\_  
Name Name
8.  Your identity
9.  Your address
10.  Alien status of \_\_\_\_\_  
Name Name
11.  Verification of Social Security number for: \_\_\_\_\_  
Name Name
12.  Other (specify): \_\_\_\_\_

\_\_\_\_\_  
Worker's Signature

**Note:** Copies of the requested documents are acceptable.

REVIEW SECTION'S REPORT ON DISPOSITION OF FAIR HEARING

Case Name \_\_\_\_\_ Case No. \_\_\_\_\_ Ctr. No. \_\_\_\_\_

Address \_\_\_\_\_

A Fair Hearing for the above applicant/recipient was held on \_\_\_\_\_.  
The Agency was affirmed. The proposed action is to be implemented if not already  
in effect.

Attached is a copy of the Fair Hearing decision, which is to be filed in the case  
record.

**OBSOLETE**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Form W-132G  
3/28/80

Human Resources Administration  
Department of Income Maintenance  
Food Stamp Program

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_  
Caseload: \_\_\_\_\_  
Action Code: \_\_\_\_\_

### Call-In Letter for an Able-Bodied Adult Without Dependents (ABAWD)

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

As an Able-Bodied Adult Without Dependents (ABAWD) in receipt of SNAP benefits, you are required to:

- Work (including "in-kind" work and volunteer work) for at least 80 hours per month; or
- Participate in work activities for at least 80 hours per month, which must include work experience and other appropriate Supplemental Nutrition Assistance Program Employment and Training (SNAP ET) activities as assigned; or
- Receive and fully comply with a Work Experience Program (WEP) assignment.

Therefore, we have scheduled a **mandatory** appointment for you to verify that you are meeting your ABAWD SNAP work requirements. Your appointment is indicated below. Please come on time.

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Travel Directions:

Please bring this letter with you. If you are working, you must bring proof of earnings to your appointment. If you believe that you cannot participate in a work activity, bring documentation that supports your claim, such as medical reports, a school attendance letter, etc. You may be referred for a medical examination if you claim you are medically unable to work.

If you feel that you have been incorrectly identified as a person without dependents, please keep this appointment, bringing with you appropriate documentation to identify the dependent member(s) of your household.

If you are already participating in a work activity to which we referred you, bring a note from the program.

If you have any questions, call us before the date of your appointment at \_\_\_\_\_.  
(telephone number)

If you have a physical, mental health or learning problem that makes it difficult for you to get to this new location, please call us at the number above.

**This is a mandatory engagement appointment. Failure to keep this appointment may result in the sanction of your cash assistance and/or SNAP case.**



## VOICEMAIL PROTOCOL DESK GUIDE

Job Center Voice Mail Scripts	
Title	Model/Non-Model Center Scripts
<p><b>Center Director</b> (This greeting is to be recorded by the Center Director)</p>	<p>Usted se ha comunicado con el (state the name of the Job Center, for example: "Fordham Job Center") en (state the address). Nuestras horas laborables son (state the hours of operation). No podemos contestar la llamada en este momento. Por favor deje un breve recado e indique su nombre y apellido, número del caso, y número telefónico. Nosotros devolveremos la llamada cuanto antes posible. Gracias.</p>
<p><b>Reception/Disbursement and Collection (D&amp;C)</b> (This greeting is to be recorded by the Supervisor of the Unit)</p>	<p>Usted se ha comunicado con (state your name) en la (state the name of the Unit) del (state the name of the Job Center, for example: "Fordham Job Center"). Nuestras horas laborables son (state the hours of operation). No podemos contestar la llamada en este momento. Por favor deje un breve recado e indique su nombre y apellido, número del caso, y número telefónico. Nosotros devolveremos la llamada cuanto antes posible. Gracias.</p>
<p><b>Job Center Staff</b></p>	<p>Usted se ha comunicado con (state your name) en el (state the name of the Job Center, for example: "Fordham Job Center"). No puedo contestar la llamada en este momento. Por favor deje un breve recado e indique su nombre y apellido, número del caso, y número telefónico. Nosotros devolveremos la llamada cuanto antes posible. Si usted necesita asistencia con una emergencia, reportar un cambio o adquirir información general, puede llamar a (state supervisor's name) al (state supervisor's telephone number) o visite en persona al (state the name of the Job Center, for example "Fordham Job Center") de (state the hours of the Job Center's operation). Gracias.</p>
Non Cash Assistance Supplemental Nutrition Assistance Program (NCA SNAP) Center Voice Mail Scripts	
Title	Model/Non-Model Center Scripts
<p><b>Center Director</b> (This greeting is to be recorded by the Center Director)</p>	<p>Usted se ha comunicado con el (state the name of the NCA SNAP Center, for example: "Fordham Job Center") en (state the address). Nuestras horas laborables son (state the hours of operation). No podemos contestar la llamada en este momento. Por favor deje un breve recado e indique su nombre y apellido, número del caso, y número telefónico. Nosotros devolveremos la llamada cuanto antes posible. Gracias.</p>
<p><b>SNAP Mail Processing Unit (MPU)</b> (This greeting is to be recorded by the Supervisor of the Unit)</p>	<p>Usted se ha comunicado con (state the name of the NCA SNAP Center, for example: "Fordham Job Center") en la (state the name of the Unit) del (state the name of the Job Center, for example: "Fordham Job Center"). Nuestras horas laborables son (state the hours of operation). No podemos contestar la llamada en este momento. Por favor deje un breve recado e indique su nombre y apellido, número del caso, y número telefónico. Nosotros devolveremos la llamada cuanto antes posible. Gracias.</p>
<p><b>SNAP Center Staff</b></p>	<p>Usted se ha comunicado con (state your name) en el (state the name of the NCA SNAP Center, for example: "Fordham Job Center"). No puedo contestar la llamada en este momento. Por favor deje un breve recado e indique su nombre y apellido, número del caso, y número telefónico. Nosotros devolveremos la llamada cuanto antes posible. Si usted necesita asistencia con una emergencia, reportar un cambio o adquirir información general, puede llamar a (state supervisor's name) al (state supervisor's telephone number) o visite en persona al (state the name of the Job Center, for example "Fordham Job Center") de (state the hours of the Job Center's operation). Gracias.</p>

## BENEFITS AND SERVICES FOR EMPLOYED INDIVIDUALS

### Quick Reference Guide\*

**NOTE:** As of August 29, 2012, any reference to the Food Stamp Program in this notice shall mean the Supplemental Nutrition Assistance Program (SNAP), and any reference to Food Stamps shall mean SNAP benefits.

#### AVAILABLE BENEFITS AND SERVICES FOR THE GENERAL PUBLIC

Category	Benefit or service	Who is eligible?	What is the cost?	What documents are necessary to apply?	Contact
<b>HEALTH</b>	<b>Family Health Plus</b>	Single adults, childless couples and parents with limited income who are between the ages of 19 and 64 who do not qualify financially for Medicaid and who do not have third-party health insurance. Must be New York State resident and U.S. citizen or qualified alien.	None to enroll (co-payments may apply later).	Proof of identity, income, family composition, and citizenship or current Alien Status.	HRA toll-free Infoline (718) 557-1399
	<b>Family Health Plus/ Premium Assistance Program</b> Covers the cost of any Employer Sponsored Health Insurance (ESHI) policy premium, deductible, co-insurance or co-payment. It also provides Medicaid wrap-around coverage for Family Health Plus (FHP)-covered services not available through the consumer's ESHI policy.	Non-Medicaid eligible consumers who, as a result of having ESHI, are also not eligible for FHP. Eligible consumers must meet the financial eligibility requirements for FHP and have ESHI coverage that provides certain benchmark services. The ESHI policy must also be determined to be cost effective by the Medical Assistance Program.	None to enroll (co-payments may apply later).	Proof of identity, ESHI, income, family composition, citizenship or current Alien Status.	HRA toll-free Infoline (718) 557-1399
	<b>Children's Medicaid/ Child Health Plus</b> For children under 19 years of age.	Children must be under the age of 19 and be residents of New York City. Whether a child qualifies for Children's Medicaid or Child Health Plus depends on gross family income.	Free to full premium, depending on family's income.	Proof of residence, age of child, and family's income.	Child Health Plus Hotline (800) 698-4543
	<b>Medicaid</b> Low-income health coverage.	Adults ages 19 and over who meet eligibility requirements. Must be New York City resident and U.S. citizen or qualified alien.	Free or small premium, depending on income.	Proof of identity, income, family composition, citizenship or satisfactory immigration status. For Medicaid with long-term care coverage, proof of resources must also be submitted. (Undocumented aliens are only eligible for treatment of emergency medical conditions.)	HRA Medicaid Helpline (888) 692-6116
	<b>Medicaid Buy-In for Working People with Disabilities (MBI-WPD)</b>	Disabled or blind individuals from the ages of 16 up to 65 who are working full- or part-time and are earning more than the allowable limits for Medicaid.	Free to full premium (a flat fee of \$25 per person monthly) depending upon family's income.	Proof of disability, identity, income, family composition, citizenship or satisfactory immigration status. For Medicaid with long-term care coverage, proof of resources must also be submitted.	HRA Medicaid Helpline (888) 692-6116

\* Please note that the benefits and services listed in this desk guide are not all-inclusive. For information on additional benefits and services check the websites listed on the last page of this form.

## BENEFITS AND SERVICES FOR EMPLOYED INDIVIDUALS Quick Reference Guide

### AVAILABLE BENEFITS AND SERVICES FOR THE GENERAL PUBLIC (Continued)

Category	Benefit or service	Who is eligible?	What is the cost?	What documents are necessary to apply?	Contact
<b>HEALTH (Continued)</b>	<b>Family Planning Benefit Program (FPBP)</b> Covers family planning services only. Excludes termination of pregnancy.	Males and females through age 64 who do not qualify for Medicaid or FHP or wish to apply only for FPBP.	None	Proof of identity, income, family composition, and citizenship or current Alien Status.	HRA toll-free Infoline (718) 557-1399
	<b>Prenatal Care Assistance Program (PCAP) Medicaid for Pregnant Women, Infants, Children</b> Health coverage for pregnant women regardless of their immigration status through at least two months after delivery and health coverage for their infants through the age of one.	Pregnant women, infants, and children under the age of one.	Free to full premium, depending upon family's income.	Proof of identity, pregnancy, income, and family composition.	Pregnant women may call Women's Healthline at (212) 720-7131 and (212) 720-7136 or visit a participating PCAP-Medicaid office. (800) 698-0411
	<b>Women, Infant and Children Program (WIC)</b>	Low-income, nutritionally-at-risk, breast-feeding women; postpartum women (at end of pregnancy or up to six months after birth of infant(s)); infants up to first birthday, and children up to fifth birthday.	None	Proof of identity, children's birth certificate(s), proof of income and family composition.	(212) 227-8408
<b>HOUSING</b>	<b>NYCHA Housing</b> Low-rent apartments in public housing.	Low-income families who meet requirements based on family size (applicants will be placed on a waiting list).	Rent is 30% of family's adjusted income.	Proof of current rent paid (receipt, cancelled check, landlord letter), SSN, proof of citizenship (birth certificate, passport), current Alien Status, proof of income (previous tax returns, pay stubs), and/or other documents.	Bronx (718) 329-7859 Brooklyn (718) 649-6400 Manhattan (212) 427-8542 Queens (718) 657-8300 Staten Island (718) 447-1179
	<b>Section 8 Vouchers and Certificates</b> Money to help pay the cost of rent.  No new vouchers are currently being issued, with few exceptions (e.g., victims of domestic violence).	Low-income individuals and families who meet the requirements (applicants will be placed on a waiting list).	The family will pay 30% of its income, after deductions.	Proof of current rent paid (receipt, cancelled check, landlord letter), SSN, proof of citizenship (birth certificate, passport), current Alien Status, proof of income (previous tax returns, pay stubs), and/or other documents.	Bronx (718) 329-7859 Brooklyn (718) 649-6400 Manhattan (212) 427-8542 Queens (718) 657-8300 Staten Island (718) 447-1179
	<b>Home Energy Assistance Program (HEAP)</b> Assistance with paying for heating and utility bills.	U.S citizens or qualified aliens whose income is at or below the current income guidelines and who are in an eligible living arrangement (individuals residing in subsidized public housing are not currently eligible).	None	Proof of citizenship, income, address, rent, household size, recent fuel or utility bill.	HRA HEAP (800) 692-0557 HRA toll-free Infoline (718) 557-1399

## BENEFITS AND SERVICES FOR EMPLOYED INDIVIDUALS Quick Reference Guide

### AVAILABLE BENEFITS AND SERVICES FOR THE GENERAL PUBLIC (Continued)

Category	Benefit or service	Who is eligible?	What is the cost?	What documents are necessary to apply?	Contact
<b>HOUSING (Continued)</b>	<b>LifeLine Telephone Service</b> Discount telephone service.	Must meet income requirements or currently be receiving Family Assistance, Safety Net Assistance, SNAP, SSI, Veteran's Disability, or HEAP.	Lower basic local service charges and no subscriber line charge (total savings and benefits vary depending on telephone service provider).	Proof of income or government benefits.	Contact your local telephone service provider.

OBSOLETE

Category	Benefit or service	Who is eligible?	What is the cost?	What documents are necessary to apply?	Contact
<b>OTHER</b>	<b>Supplemental Nutrition Assistance Program (SNAP)</b>	Low-income individuals or households who meet eligibility requirements.	None	Proof of identity, income, family composition, address, and citizenship or current Alien Status.	HRA toll-free Infoline (718) 557-1399
	<b>Child Support</b> Collection of child support payments from the noncustodial parent.	Custodial parents, guardians or caretakers of a child who needs financial support.	None for Temporary Assistance to Needy Families (TANF) participants; For non-TANF individuals, \$25 annually if state collects at least \$500 in annual child support.	Information about noncustodial parent, child's birth certificate, marriage, divorce or separation papers.	Bronx (718) 664-1845 Brooklyn (718) 330-2119 Manhattan/ Staten Island (212) 334-7621 Queens (718) 784-6979
	<b>Voluntary Income Tax Assistance (VITA)</b> Help with filing current-year tax returns at numerous sites throughout all five New York City boroughs.	Individuals or households who meet income requirements.	None	Proof of identity and documentation of income.	New York City Department of Consumer Affairs (212) 487-3956 or 311

## BENEFITS AND SERVICES FOR EMPLOYED INDIVIDUALS Quick Reference Guide

### AVAILABLE BENEFITS AND SERVICES FOR CLOSED CASH ASSISTANCE CASES

Category	Benefit or service	Who is eligible?	What is the cost?	What documents are necessary to apply?	Contact
<b>TRANSITIONAL BENEFITS</b>	<b>Transitional Medicaid</b> Continuation of Medicaid for former Cash Assistance participants.	Former Cash Assistance participants whose cases are closed and who meet eligibility requirements.	None	No application required. Enrollment is automatic after Cash Assistance case is closed. Mailed questionnaire during fourth month determines extension.	Work-Related Benefits Program (212) 835-7681
	<b>Transitional Child Care</b> Subsidized child care for up to one year after Cash Assistance case closes.	Former Cash Assistance participants who meet eligibility requirements.	Monthly fee based on family income and size.	No application required. Enrollment is automatic after Cash Assistance case is closed (additional information may be required based on your household's circumstances).	Submit required form(s) and proof(s) to Work-Related Benefits Program (212) 835-7681
	<b>Transitional Benefit Alternative (TBA) SNAP</b> Used to buy food and help low-income households obtain more balanced diets by increasing the food purchasing power of eligible participants.	Eligible SNAP households with children whose Safety Net Cash Assistance (SNCA), Family Assistance (FA), and Safety Net Federally Non-Participating Assistance (SNNC) cases are closing may be eligible for increased TBA SNAP benefits for a period of five months. Households not eligible for TBA SNAP may still be eligible for SNAP.	None	No application required. Enrollment is automatic after Cash Assistance case is closed. SNAP recertification is required after 5-month transitional period.	HRA toll-free Infoline (718) 557-1399

## BENEFITS AND SERVICES FOR EMPLOYED INDIVIDUALS Quick Reference Guide

### USEFUL WEB SITES

- AccessNYC – The city's screening tool for over 30 federal, state and city programs.  
[https://a858-ihss.nyc.gov/ihss1/en\\_US/IHSS\\_languageSelectionPage.do](https://a858-ihss.nyc.gov/ihss1/en_US/IHSS_languageSelectionPage.do)
- Department of Consumer Affairs – Publications to learn about the problems with payday loans, smart shopping tips, internet scams, etc.  
<http://home2.nyc.gov/html/dca/html/publications/publications.shtml>
- Department of Consumer Affairs Office of Financial Management – Money saving tips to keep more of your paycheck.  
[http://home2.nyc.gov/html/dca/html/ofe/money\\_saving\\_tips.shtml](http://home2.nyc.gov/html/dca/html/ofe/money_saving_tips.shtml)
- Department of Consumer Affairs Office of Financial Empowerment – Information on free help with filing current-year tax returns.  
<http://nyc.gov/html/ofe/html/poverty/taxassistance.shtml>
- Earn More – Information about better job opportunities and career advice.  
<http://newyork.earnbenefits.org>
- Housing Preservation and Development (HPD) – List of affordable rental opportunities.  
[http://www.nyc.gov/html/housinginfo/html/apartments/apt\\_rental.shtml](http://www.nyc.gov/html/housinginfo/html/apartments/apt_rental.shtml)
- Housing Preservation and Development (HPD) – List of home buying opportunities.  
[http://www.nyc.gov/html/housinginfo/html/homeownership/home\\_buying\\_opportunities.shtml](http://www.nyc.gov/html/housinginfo/html/homeownership/home_buying_opportunities.shtml)
- New York State Office of Temporary and Disability Assistance (OTDA) My Benefits Home Page – Information on public assistance programs, health insurance and tax credits for New York State residents.  
<https://www.mybenefits.ny.gov>
- Office of Child Support Enforcement – Information for custodial parents on how to obtain financial support from non-custodial parents.  
[http://nyc.gov/html/hra/html/programs/child\\_support.shtml](http://nyc.gov/html/hra/html/programs/child_support.shtml)

## ATTENTION WORKING PARENTS

**When Your Case Closes Because You Found a Job...  
You May Be Eligible for:**



### TRANSITIONAL MEDICAID

Medicaid coverage for you and your family for up to twelve (12) months after your case closes.

### TRANSITIONAL CHILD CARE PAYMENTS

Child care payments for children under thirteen (13), for up to twelve (12) months after your case closes.



**OBSOLETE**



### SNAP Benefits

You can apply for continued SNAP benefits at a Non-Cash Assistance (NCA) SNAP office.

### CHILD SUPPORT

If you are currently receiving child support payments through HRA, you will receive the full amount of payments made by the absent parent, through the Office of Child Support Enforcement (OCSE), when your Cash Assistance case closes.



### EARNED INCOME TAX CREDIT (EITC)

You can significantly reduce the amount of taxes you owe or make your refund bigger. Contact the Internal Revenue Service (IRS) for more information.

### Call

Work Related Benefit Program  
109 East 16th Street, New York, NY 1003  
(212) 835-7681

## ATENCIÓN PADRES QUE TRABAJAN

**Si Su Caso Cierra Porque Encontró un Trabajo...  
Usted Podría Tener Derecho a:**



### **MEDICAID DE TRANSICIÓN**

Cobertura de Medicaid para usted y su familia hasta doce (12) meses después de que su caso cierre.

### **PAGOS DE CUIDADO INFANTIL DE TRANSICIÓN**

Pagos de cuidado infantil menores de trece (13) años de edad, hasta doce (12) meses después de que su caso cierre.



### **Beneficios de SNAP**

Usted puede solicitar la continuación de beneficios de SNAP en una oficina de SNAP que no sea de Asistencia en Efectivo (NCA).

### **PAGOS DE MANUTENCIÓN DE NIÑOS**

Si actualmente está recibiendo pagos de manutención de niños a través de la HRA, usted recibirá la cantidad completa de los pagos abonados por el/la padre/madre ausente, a través de la Oficina de Refuerzo a la Manutención de Niños (OCSE), cuando su caso de Asistencia en Efectivo se cierre.



### **CRÉDITO DE INGRESO DEVENGADO**

Usted puede reducir considerablemente la cantidad de impuestos que debe o aumentar su devolución. Comuníquese con el Servicio de Rentas Internas (IRS) para más información.

**Llame a**

Work Related Benefit Program  
109 East 16th Street, New York, NY 10003  
(212) 835-7681



**Office of Eligibility and Employment Monitoring**

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

Address: \_\_\_\_\_

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

Dear \_\_\_\_\_:

On \_\_\_\_\_, a scheduled visit was made to your home at \_\_\_\_\_ (A.M./P.M.) but you were not at home.  
(date) (time)

Please call the telephone number listed below by \_\_\_\_\_ to schedule another appointment. Your cooperation is vital  
(date)

to ensuring that you are receiving the correct amount of Cash Assistance, SNAP and/or Medicaid benefits.

**OBSOLETE**

Sincerely,

\_\_\_\_\_  
Caseworker/Auditor

\_\_\_\_\_  
Telephone Number

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**Oficina de Control de Elegibilidad y Empleo**

Centro de Trabajo: \_\_\_\_\_

Dirección: \_\_\_\_\_

Fecha: \_\_\_\_\_

Estimado(a) \_\_\_\_\_:

El \_\_\_\_\_, se hizo una visita programada a su hogar a las \_\_\_\_\_ (A.M./P.M.) pero usted no se encontraba en la casa.  
(fecha) (hora)

Favor de llamar antes del \_\_\_\_\_ al número de teléfono indicado a continuación para fijar otra cita.  
(fecha)

Su cooperación es esencial para asegurar que usted esté recibiendo la cantidad correcta de beneficios de Asistencia en Efectivo, SNAP y/o Medicaid.

**OBSOLETE**

Atentamente,

Trabajador del Caso/Auditor

Número de Teléfono

**Oficina de Control de Elegibilidad y Empleo**

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Dirección: \_\_\_\_\_

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Su cooperación es esencial para asegurar que usted esté recibiendo la cantidad correcta de beneficios de Asistencia en Efectivo, SNAP y/o Medicaid.

Atentamente,

Trabajador del Caso/Auditor

Número de Teléfono

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Participant Name: \_\_\_\_\_  
Center: \_\_\_\_\_

**Notice of Rescheduled  
Supplemental Nutrition Assistance Program (SNAP)  
Telephone Recertification Interview**

Your SNAP telephone recertification interview has been rescheduled to the date and timeframe listed below. We have also listed the telephone number that we will contact you at.

Telephone interview date: \_\_\_\_\_ between: \_\_\_\_\_ and \_\_\_\_\_

Telephone number we will contact you at: \_\_\_\_\_

If you prefer to be contacted at a different telephone number, please call us at \_\_\_\_\_ at least one day prior to your rescheduled telephone recertification interview date so that we may update our records.

Please allow up to 60 minutes to complete the telephone recertification interview.

Once you have completed your telephone recertification interview and you have been informed that you have been recertified, there is **NO** need for you to come in person to the SNAP Center.

**OBSCLETE**

# Baseline Clinical and Employability Assessment

This form is used for all new applicants and recertifications for Public Assistance/Medicaid and is to be returned within 30 days to the HRA Substance Abuse Tracking and Review Unit (TRU). It is to be completed by anyone the program deems appropriate and clinically qualified to provide client information.

## I. Client Identification

Client Name Last: \_\_\_\_\_ Name First: \_\_\_\_\_ Veteran:  Yes  No  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Soc Sec #: \_\_\_\_/\_\_\_\_/\_\_\_\_ PA Case #: \_\_\_\_\_ Medicaid #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Does the Client have an active SSI application pending?  Yes  No Reason for Referral: \_\_\_\_\_

## II. Substance Abuse History

Specify drug/alcohol diagnosis using DSM-IV: \_\_\_\_\_ Code: \_\_\_\_\_

Treatment History for the Past Two Years: Type of Program/Provider (specify service type) and Length of Treatment (in months): \_\_\_\_\_

**OBSCLETE**

## III. Medical History

*To be completed by a Qualified Health Care Professional  
(as defined by OASAS regulations)*

List all medical diagnoses, including psychiatric diagnoses using the DSM-IV format. (If available, provide history, clinical course and prognoses.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Addendum Attached:

Treatment History for the Past Two Years: Type of Program/Provider (specify service type) and Length of Treatment (in months): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Recommendations for Medical/Psychiatric Treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Prescribed Medications (including Psychotropic Medications): \_\_\_\_\_

\_\_\_\_\_

Print Name : \_\_\_\_\_ Discipline/Title: \_\_\_\_\_

Client Name: \_\_\_\_\_  
LAST FIRST

Soc. Sec. # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### IV. Functional Limitations

Physical Functioning	No Evidence of Limitations	Moderately Limited	Very Limited	Cognitive/Behavioral Functioning	No Evidence of Limitations	Moderately Limited	Very Limited
Walking				Understands and Remembers Instructions			
Standing				Carries Out Instructions			
Sitting				Maintains Attention/Concentration			
Lifting, Carrying				Makes simple decisions			
Pushing, Pulling, Bending				Interacts Appropriately with Others			
Seeing, Hearing Speaking				Maintains Socially Appropriate Behavior Without Exhibiting Behavior Extremes			
Stairs or Other Climbing				Appears able to Function in a Work Setting at a Consistent Pace			
Other: (Specify)				Other: (Specify)			

OBSOLETE

**Limitations Resulting from Recent Addiction Behavior (last 12 months): No episodes = no evidence of limitations; one or two episodes = moderately limited; three or more episodes = very limited.**

(Check column that applies.)	No Evidence of Limitations	Moderately Limited	Very Limited
Medical hospitalization or emergency room visits due to addiction			
Acute psychiatric hospitalization due to addiction			
Hospitalization for alcohol/drug detoxification			
Prior attempts at alcohol/drug abstinence			
Passing out or black-out episodes			
Repetitive violent actions toward self or others while drunk or high			
Loss of housing due to addiction			
Loss of job or failure to complete an education or training program due to addiction			
Pattern of addiction interferes with activities of daily living			
Actual suicide attempt			
Other: (Specify)			

### V. Current Treatment Program Identification

Program Name: \_\_\_\_\_ OASAS Certificate #: \_\_\_\_\_

Address of Client's Treatment Site: \_\_\_\_\_ HRA Code: \_\_\_\_\_

HRA Enrollment Date: \_\_\_\_\_ Program Admission Date: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Treatment Program Contact: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Client Name: \_\_\_\_\_  
LAST FIRST

Soc. Sec. # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### VI. Limitations on Work Activities

Considering the client's physical, cognitive/behavioral and addiction limitations can the client now participate in work activity:

Type of Activity	Yes	No	# of Hours Recommended
Full-Time Employment			
Part-Time Employment			
WEP Full-Time			
Limited WEP Concurrent With Treatment			
Limited WEP Concurrent With Training			
Limited WEP Concurrent With Education			

No work participation at this time. Provide explanation: \_\_\_\_\_

When do you estimate the client will be able to work?  30 days or less  30-60 days  60-90 days  90 days +  
(Specify) \_\_\_\_\_

Considering the client's physical, cognitive/behavioral and addiction limitations, describe any working conditions, environments or work activities which are contraindicated: \_\_\_\_\_

Are these restrictions expected to last longer than 90 days?  Yes  No

Do you recommend addiction treatment at your agency?  Yes  No

If Yes, specify recommendations, including level of care/service type: \_\_\_\_\_

If No, does client need addiction treatment?  Yes  No

Can your program provide the services necessary to move the client to self-sufficiency?  Yes  No

If No, specify recommendations for referral to another treatment Program/Provider (specify Service Type): \_\_\_\_\_

### VII. Screening for Possible SSI Referral

Based on the evidence available to you, does this individual have a severe impairment(s) which has lasted or is expected to last 12 months?  Yes  No

If Yes, explain briefly: \_\_\_\_\_

Would such impairments be expected to continue if use of drugs and/or alcohol were to cease?  Yes  No

### VIII. Completion of Report

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

### Supervisory Review

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Forward Report to: STTARS Attn: TRU Unit, 109 East 16th Street, New York, N.Y. 10003