



OFFICE OF POLICY, PROCEDURES, AND TRAINING

POLICY BULLETIN # 22-52-OPE

(This Policy Bulletin Replaces PB #09-25-OPE)

TRAINING ASSESSMENT GROUP (TAG) DOCUMENTATION REQUIREMENTS

<p>Date: July 28, 2022</p>	<p>Subtopic: TAG</p>
	<p>Revision to the Original Policy Bulletin:</p> <p>This policy bulletin is being revised to inform staff that:</p> <ul style="list-style-type: none"> • Enrollment in a four-year college or training institution was added as an approved activity. • Participants enrolled in a college or training institution must submit documentation such as: Human Resources Administration School/Training Enrollment Letter (HRA-154), Bursar or Register receipt, class schedule, Letter of Acceptance on school letterhead, and GED (General Equivalency Diploma), CPAT (Career Program Assessment Test) or High School Diploma if participant is seeking enrollment in a post-high school training program. • Participants of Federal Work Study (FWS) and/or internship, Job Search, Job Readiness and/or Test Prep must provide the Verification of Student Schedule (HRA-152e) or Verification of Student Schedule (CUNY EDGE) (HRA-152f) form. <p>Purpose:</p> <p>The purpose of this policy bulletin is to inform Job Center staff who enroll participants in training assignments of the following:</p> <ul style="list-style-type: none"> • when to do direct enrollments to training through New York City Work, Accountability and You (NYCWAY) instead of referring the participants to TAG. • required documentation that must be submitted prior to enrollment.

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

TAG cannot lift a sanction. The Job Center must first lift the sanction and then enroll the participant in training.

Job Center staff can enroll participants in training as a direct assignment from the **Master Menu** in NYCWAY when the participant is either:

- a 16-19 year old in high school who has an individual status of **SN** (Sanction); or
- in a court-mandated training program.

All other applicants/participants must be referred to TAG for training enrollment.

Two or Four-Year College/Training Institution

When a Job Opportunity Specialist (JOS)/Worker attempts to enroll a participant in training pertaining to a two-year or four-year college/training institution, the JOS/Worker must ensure that the participant provides all of the following documentation:

Refer to [PB #21-29-EMP](#)

- Human Resources Administration School/Training Enrollment Letter (**HRA-154**)
- Bursar or Registrar receipt
- Class schedule
- Letter of Acceptance on school letterhead
- GED, CPAT, or High School Diploma if participant is seeking enrollment in a post-high school training program

Revised

High School

When a JOS/Worker attempts to enroll a participant in training pertaining to high school, the JOS/Worker must ensure that the participant provides proof of enrollment on a Department of Education (DOE) form.

New Information

Federal Work Study, Internship, Job Search, Job Readiness, and/or Test Prep

If an applicant/participant participates in Federal Work Study (FWS) and/or internship, Job Search, Job Readiness and/or Test Prep, they must provide the Verification of Student Schedule (**HRA-152e**) or Verification of Student Schedule (CUNY EDGE) (**HRA-152f**) form.

If the participant fails to provide any of the required documentation, they cannot be enrolled in training.

Effective Immediately

Related Items:

- [PB #21-09-EMP](#)
- [PD #04-14-EMP](#)

Attachments:

HRA-154 (E)

Human Resources Administration
School/Training Enrollment Letter (10/20/2021)

HRA-152e (E)

Verification of Student Schedule (10/19/2021)

HRA-152f (E)

Verification of Student Schedule (CUNY EDGE)
(10/19/2021)

VERIFICATION OF STUDENT SCHEDULE

This schedule may be verified by contacting the Site Supervisor and/or school staff

Complete one form for each activity

Checklist

- Have this form completed by an authorized staff member from your activity site.
- Submit this completed form along with a current Human Resources Administration School/Training Enrollment Letter (**HRA-154**) before your Human Resources Administration Training Assessment Group enrollment appointment.

Return completed forms to the Human Resources Administration (HRA) by any of the following methods:

Mail: *Use the Self-Addressed Stamped Envelope*
HRA/TAG
109 East 16th Street, 11 Floor
New York, NY 10003

Fax: (212) 896-5734

E-mail: tagcustomerservice@hra.nyc.gov (preferred)

(Turn page)

Student's Name:

Student's HRA Case Number:

School Name:

Activity: <input type="checkbox"/> Federal Work Study <input type="checkbox"/> Internship * <input type="checkbox"/> Job Search <input type="checkbox"/> Job Readiness <input type="checkbox"/> Test Prep			
Assignment Start Date:		Assignment End Date:	
Enter start and end time for each day			
	Start (Time):	End (Time):	Total Hours (Per Day):
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours (Per Week):			
Site Name:			
Site Address:			
Site Supervisor/School Staff Name (Print):			
Site Supervisor/School Staff Title:			
Site Supervisor/School Staff Telephone Number:			
Site Supervisor/School Staff E-Mail:			
Site Supervisor/School Staff (Signature):			Date:

*** Note: Paid Internships are considered employment (with the exception of students who are 18-21 years old and not the head of their case)**

Master's Degree: Master's degree classes are not approved. Paid internships as part of a Master's degree program will be reviewed on a case-by-case basis.

Authorization to Release Information

I authorize the school/program listed above 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 Supplemental Nutrition Assistance Program (SNAP) purposes.

Student (Print):

Student (Signature):

Date:

School Stamp

**VERIFICATION OF STUDENT SCHEDULE
 (CUNY EDGE)**

This schedule may be verified by contacting the Site Supervisor and/or school staff

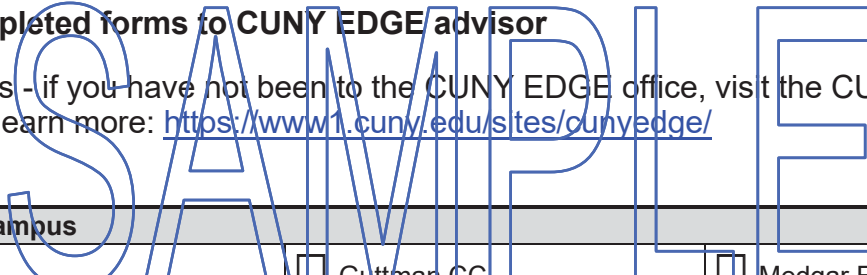
Complete one form for each activity

Checklist

- Have this form completed by an authorized staff member from your activity site.
- Submit this completed form along with a current Human Resources Administration School/Training Enrollment Letter (**HRA-154**) before your Human Resources Administration Training Assessment Group enrollment appointment.

Return completed forms to CUNY EDGE advisor

New students - if you have not been to the CUNY EDGE office, visit the CUNY EDGE webpage to learn more: <https://www1.cuny.edu/sites/cunyedge/>



Select CUNY EDGE Campus		
<input type="checkbox"/> Baruch College	<input type="checkbox"/> Guttman CC	<input type="checkbox"/> Medgar Evers College
<input type="checkbox"/> Borough of Manhattan CC (BMCC)	<input type="checkbox"/> Hostos CC (HCC)	<input type="checkbox"/> 2 Year <input type="checkbox"/> 4 Year
<input type="checkbox"/> Bronx CC (BCC)	<input type="checkbox"/> Hunter College	<input type="checkbox"/> NYC College of Technology (NYCCT) <input type="checkbox"/> 2 Year <input type="checkbox"/> 4 Year
<input type="checkbox"/> Brooklyn College	<input type="checkbox"/> John Jay College	<input type="checkbox"/> Queens College
<input type="checkbox"/> City College	<input type="checkbox"/> Kingsborough CC (KCC)	<input type="checkbox"/> Queensborough CC (QCC)
<input type="checkbox"/> College of Staten Island (CSI) <input type="checkbox"/> 2 Year <input type="checkbox"/> 4 Year	<input type="checkbox"/> LaGuardia CC (LAGCC)	<input type="checkbox"/> School of Labor and Urban Studies
<input type="checkbox"/> School of Professional Studies (SPS)	<input type="checkbox"/> York College	
<input type="checkbox"/> Lehman College		
CUNY EDGE Staff Name (Print):		
CUNY EDGE Staff Telephone Number:		
CUNY EDGE Staff Email:		
CUNY EDGE Staff Name (Signature):		Date:

(Turn page)

Student's Name:**Student's HRA Case Number:**

Activity: <input type="checkbox"/> Federal Work Study <input type="checkbox"/> Internship * <input type="checkbox"/> Job Search			
<input type="checkbox"/> Supervised Homework <input type="checkbox"/> Volunteer/Community Service			
<input type="checkbox"/> Summer Enrichment Academy (SEA)			
Assignment Start Date:		Assignment End Date:	
Enter start and end time for each day			
	Start (Time):	End (Time):	Total Hours (Per Day):
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours (Per Week):			<input type="text"/>

Site Name:	
Site Address:	
Site Supervisor/School Staff Name (Print):	
Site Supervisor/School Staff Title:	
Site Supervisor/School Staff Telephone Number:	
Site Supervisor/School Staff E-Mail:	
Site Supervisor/School Staff (Signature):	Date:

*** Note: Paid Internships are considered employment (with the exception of students who are 18-21 years old and not the head of their case)**

Master's Degree: Master's degree classes are not approved. Paid internships as part of a Master's degree program will be reviewed on a case-by-case basis.

Authorization to Release Information	
I authorize the school/program listed above 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 Supplemental Nutrition Assistance Program (SNAP) purposes.	
Student (Print):	
Student (Signature):	Date:

School Stamp

Date: _____
Form Type: _____
Case Number: _____
Case Name: _____
Participant Name: _____
Center: _____

HUMAN RESOURCES ADMINISTRATION SCHOOL/ TRAINING ENROLLMENT LETTER

Important Information:

If you are not in school or are not interested in enrolling, please disregard this notice. However, if you are interested in enrolling into a training program and would like assistance with finding one, please refer to the link listed below to view HRA's List of Available Training/Educational Programs. If you have questions or require assistance you can email or call HRA TAG.

<https://a069-atp.nyc.gov/atp/TAPEnginesearch.cfm>

I. FOR COMPLETION BY STUDENT

Applicant's/Participant's Name: _____

A. Training Expenses

The Human Resources Administration (HRA) does not pay for tuition, books and fees. However, if you take part in activities that HRA approves, you can receive money back for some expenses. These expenses are child care, carfare and other items if needed for activities. Since you applied for or receive Cash Assistance (CA), you can receive money for carfare and child care. To get this money, you must attend your program as scheduled.

Note: You must include a separate child care provider enrollment form to request child care money.

How much do you spend for carfare each day to go to class? \$ _____

Do you need anything special in order to take part in your program? Yes No

(You must attach a receipt or bill)

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

Amount of special need: \$ _____ How often paid: _____

(Turn page)

Case Number: _____

Participant Name: _____

B. Agreement to Pay Back Overpayment of Expenses

Choose one of the following:

- I agree that any overpayment of expenses will be taken from my CA grant.
- I agree that any overpayment of expenses will be taken from my next or future carfare and/or child care payments.

Cash Assistance Applicant's/Participant's Signature

Date

C. Notice to CA and Supplemental Nutrition Assistance Program (SNAP) Applicants or Participants about Educational Grants and Expenses

According to Social Services law (18 NYCRR §352.16 and §387.11[f]), any educational grant, scholarship or loan that you receive is not counted when we decide if you can get CA. Also, these are not counted when we determine how much CA benefits you get. The Food Stamp Act of 1977 requires certain educational grants, scholarships and loans to be counted as SNAP income. However, it also excludes from this income, amounts for tuition, mandatory fees, and some other educational expenses.

We must have documents of your educational income and expenses from your school. We need these documents to calculate how much educational income to count or deduct in your SNAP budget. Please sign the release section below to give permission to the school to give us this information. Also, have your school complete Section II of this form. Please return this form to the Worker who handles your case after you finish it.

D. Permission to Release Information

I give permission to the school or program in Section II of this form to release information about my attendance, progress and subsequent employment to HRA. I also agree that this information may be used by HRA for CA and SNAP purposes.

The Student must give permission to School or Training Program to complete Section II and release information to HRA.

Applicant's/Participant's Signature

Date

Applicant's/Participant's Email Address

Applicant's/Participant's Contact Number

(Turn page)

Case Number: _____

Participant Name: _____

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: _____

Program Type (Check one): AA/AS BA/BS MA/MS**
 Certificate/Vocational HSE/BE/ESL
 Other (Explain) _____

Does this educational program include any distance learning or online educational coursework? Yes No

Does the educational program include a paid internship? * Yes No

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 the student maintaining a "C" average or above? Yes No

This is the first **HRA-154** school letter completed for the semester.

This is a revised **HRA-154** school letter.

(Turn page)

Case Number: _____

Participant Name: _____

B. Student Weekly Activity Schedule

For class hours, write "CL" in the corresponding box; for laboratory, "LAB"; for Federal Work Study (FWS), "FWS"; for internship or externship write "INT" *; or for supervised homework, "SH". 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
7:00 AM – 8:00 AM								
8:00 AM – 9:00 AM								
9:00 AM – 10:00 AM								
10:00 AM – 11:00 AM								
11:00 AM – 12:00 PM								
12:00 PM – 1:00 PM	SAMPLE							
1:00 PM – 2:00 PM								
2:00 PM – 3:00 PM								
3:00 PM – 4:00 PM								
4:00 PM – 5:00 PM								
Evenings (Specify hours in box)								
Online/ Distance Learning								
Other (Specify: i.e. Job Search, Job Readiness, Test Prep)								
NOTE:								Total:

- * **Internships:** Internships are considered employment (with the exception of students who are 18-21 years old and not the head of their case)
- ** **Master’s Degree:** Master’s degree classes are not approved. Paid internships as part of a Master’s degree program will be reviewed on a case-by-case basis.
- *** Any FWS and/or Internship, and other (i.e. Job Search, Job Readiness, and Test Prep) hours reflected above must be accompanied by the "Verification of Student Schedule" (HRA-152e) form or "Verification of Student Schedule (CUNY EDGE)" (HRA-152f) form.

(Turn page)

Case Number: _____

Participant Name: _____

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 and 2).		

1. **Total weekly classroom and lab hours:** _____

2. **Homework* and/or study time:**

a. *Supervised homework:* _____

b. *Unsupervised homework**:* _____

TOTAL ACTIVITY HOURS:

3. **Total Internship/Federal Work Study Hours**
(from II. C., line 3 table above): _____

4. **Total Classroom Hours** (Line 1): _____

5. **Total Homework and/or Study Hours** (Lines 2a and 2b): _____

6. **TOTAL WEEKLY ACTIVITY HOURS EXPECTED**

(Line 1 - Classroom, Lines 2a and 2b – Homework, and Line 3 – Internship/Federal Work Study): _____

* **Note:** For clients in approved programs, HRA will count all hours of supervised homework as well as up to one hour of unsupervised homework for every one hour of class time/credit hours, as required by the student's educational program, toward the individual's hours of engagement. However, the total homework time counted for participation cannot exceed the total hours of homework required (supervised) and/or advised (unsupervised) by the educational program.

** While New York law generally provides for up to 2 hours of homework/study time for every 1 credit/hour of post-secondary education, only 1 hour of homework per 1 credit/hour can be counted toward HRA's activity requirements (i.e., 15 credits/hours per semester = maximum of 15 unsupervised homework hours).

Is the student receiving money directly from you for:

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

(Turn page)

Case Number: _____

Participant Name: _____

D. Breakdown of Expenses

Tuition	\$
Loan origination and insurance fees	\$
Books	\$
Meals purchased at school	\$
Transportation to and from school	\$
Supplies	\$
Childcare	\$
Personal expenses (specify):	\$
Living expenses (specify):	\$
Total expenses	\$

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

Non-Title IV Funded Educational Grants, Loans and Scholarships

Private scholarships (specify in the spaces below)	
1.	\$
2.	\$
3.	\$
NYS Tuition Assistance Program (TAP)	\$
Federal Pell Grant (Pell)	\$
SEEK Program	\$
College Discovery Program	\$
Other (specify):	\$
Total of Non-Title IV Funded Educational Income	\$

Print Name (Authorized School Representative)

Date

Signature

Telephone number



Email Address