

FAMILY INDEPENDENCE ADMINISTRATION

Seth W. Diamond, Executive Deputy Commissioner



James K. Whelan, Deputy Commissioner Policy, Procedures and Training Lisa C. Fitzpatrick, Assistant Deputy Commissioner Office of Procedures

# POLICY DIRECTIVE #04-01-SYS

# ENHANCEMENTS TO EMPLOYABILITY PLAN (EP)

<b>Date:</b> January 30, 2004	Subtopic(s): NYCWAY Updates – Employability Plan
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AUDIENCE	The instructions in this directive are for all staff in Job Centers working with NYCWAY, and informational for all other staff.
POLICY	An Employability Plan (EP) must be completed for all applicants and participants in order to make an individualized assessment of their skills and abilities to help them become self-sufficient.
BACKGROUND	The EP has been enhanced to include the following changes:
	<ul> <li>Assessment – Primary Questionnaire Screen and processing changes</li> </ul>
	Rescheduling of Appointments
	New "Needed At Home" process
	New Training Assessment Group (TAG) Referral type
REQUIRED ACTION	
Assessment – Primary Questionnaire Screen and Processing Changes	The <b>Assessment</b> – <b>Primary Questionnaire</b> screen has changed. It now lists all barrier options, and processes these options differently. For the Special Assessment Required, Alcohol/Drug Problem, and Medical Problem Claimed barriers acknowledged

with a **Y** response by the applicant/participant, the **Supplementary Information Inquiry** screen will appear. Once this screen is completed for each barrier, the Employability Plan (EP) will prompt the Worker to make the appropriate referral.

#### Accessing the Assessment – Primary Questionnaire screen

**Note:** The appearance of the screens in steps 2 and 3 will vary depending on whether the **EP** is being initiated or updated. To access the Assessment - Primary Questionnaire:

- Enter the Case Number, select Employability Plan EP and press Enter from the NYCWAY Master Menu. The EP Request Plan Date screen appears for a new EP. The Employability Plan Pick List screen appears for existing EPs.
- Press Enter from the EP Request Plan Date screen and the
   Language Preference Assessment screen appears.
- Select a Language Preference and press Enter, or for existing EPs coming from the Employability Plan Pick List screen, press Enter and the Assessment – Primary Questionnaire screen appears.
- 4. Enter a **Y** if the applicant or participant has a barrier in any of the options. If there is no barrier, enter **N** for each barrier listed, and transmit.

**Note:** The Special Assessment Required option takes precedence over the other barrier options. As a result no other referrals can be made if it is selected.

:	1:30 Assessment - Primary Questionnaire User: sys84 EAEP
	Case Number 9999911 91 CIN A1930325 ES CODE 2 Name FREEMA unnu DoB 08/07/1967 SSN 074-55-7260 Sex Male Status UNDEFINED - UNDEFINED STATUS Case Type SNCA IndStat SI
	Special Assessment Required? h
	Alcohol/Drug problem(s)? h
	Medical Problem Claimed?
	Needed at Home Claimed?
	Other Personal Issues Exist? h
	Felony Convictions? h
	Plan Date 10/16/2003 1607.020

To further explain the Assessment – Primary Questionnaire and Processing changes, the "Medical Problem Claimed" barrier was selected as an example in the screens that follow.

Select a barrier

 If the applicant/participant has a barrier, enter Y in the appropriate barrier field on the Assessment – Questionnaire screen, and press Enter. The Supplementary Information Inquiry screen will appear if the Special Assessment Required, Alcohol/Drug problem or the Medical Problem Claimed barrier is selected.

Assessment – Primary Questionnaire screen



This example shows a medical barrier. If individual has a different barrier, this screen will reflect that information.

The Supplementary Information Inquiry screen will appear if the Special Assessment Required, Alcohol/Drug Problem or the Medical Problem Claimed barrier is selected.

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File Edit Functions Scripts Session Release Help	
11/19/2003 New York City - Work, Accountability and You (NYC-WAY) [1600.300]	
Supplementary Information Induiry         User: E9999           Case Number 0000011         CIN X800         ES Code 20         Office 071           NameP         ESJON         DoB 02/07/1970         SSN & 2         Sex Female           Status         CONCIL/CONF - CONCILIATION INITIATE         Case Type         FA         IndStat AC	
Hedical Problems have been Claimed	
Task List Inquiry (V-680F/V-680H) Completed? Claiming Physical Limitations?	
Plan Date 11/19/2003	
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 Answer the questions in the Supplementary Information Inquiry Screen by entering Y or N, then press Enter.



If a referral is needed, enter a Y and press Enter. NYCWAY will determine the appropriate referral and action code needed and will display the Creation of Actions – Comments, FAD Date and Comments screen listing the selected codes. If it is unable to make the appropriate determination a pop-up box appears listing the possible referrals.

Pop-up box listing action codes to select from

This pop-up box only appears if there are multiple referrals as in this example. If there is only one referral code, the screen at the bottom of the page appears.

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	9/2004 1:31 EAEP Case Nu Name Nu Status Make a S 938H 9205 938N	Spipe Series 103 New Yo unber (1006 PRI Belection APPLICANT ACENCY SA HSS APPOI	NON REFEAT	UNDERINE OINTHENT CHEDULED	CIN XT CIN XT DoB 08 SIATUS SCHEDUL SCHEDUL O HSS - SN CO	bility a bes Claim 9166: ./07/1967 ED MPLIANCE	nd You ( ed ES Cod SSN 97 Case I	NYC-VAY) e 28 4-58-72 ype SNC	User: Offic Sex: A IndSt	0.300 sys84 e 023 Male at SI at SI	
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New feature

• From the pop-up box select the desired referral code. The **Creation of Actions – Comments, FAD Date and Comments** screen appears with both action codes for the desired appointment and for the return appointment (when appropriate) to the Job Center.

Creation of Actions – Comments, FAD Date and Comments screen listing appropriate referral code and return appointment code.	Ele Edt Functions Scipts Session Release Help         18/27/2803 New York City - Work, Accountability and You (NYC-WAY)         11:33       Creation of Actions - Comments, Fad Bate and Comme         11:33       Creation of Actions - Comments, Fad Bate and Comme         Case Number       8000011         FREEMA, South Comments, Fad Bate and Comme       User: sys84         Case Number       8000011         FREEMA, South Comments, Fad Bate and Comme       User: sys84         Status       000 08/07/1967         System will post Action Cods:       System will post Action Cods:         Pass       AppLICANT HSS APPOINTNENT SCHEDULED         AppLicAnt HSS APPOINTNENT SCHEDULED       AppLicAnt HSS APPOINTNENT SCHEDULED	
If there is no return appointment, only one code will post.	Enter 'v' to accept the Action(s) or 'n' to Denv Action Comments (Required) Additional Comments? Plan Pate 18/16/2003 1638.8700	
	MnHenu	

- Enter **N** if the information is not correct or to make a change. Press **Enter** to return to the previous screen.
- Enter **Y** if the information is correct, then press **Enter**, and the **Enter an Action** screen appears.



 From this screen, enter the required comments, transmit, and the Appointment Requester screen for scheduled appointment appears.

Appointment Requester screen	MAPER2-A (99991) Ele Edt Functions Scripts Session Belease Help 9255 *PRESS F1 or TRANSMIT to COMPLETE THE APPOINTMENT PROCESS* WORK, ACCOUNTABILITY, AND YOU (MAY) PIW300.385 Appointment Requester	
If a referral is made and the referral does not have slot appointments attached this screen	Case #:       Indu #: <sup>60</sup> Line #: <sup>61</sup> Case Type: 16         App Reg       CIN:       SN:         Last: 1Y150N       Pirst:       H.I.:         Program Status: INTRT       (INTRXE)       H.I.:         APPOINTMENT REQUESTOR FOR ACTION CODE 938h       >         Appointment Type Code:       IX         Appointment Description:       HSS         Site Code:       IRN         Site Name:       Training Site         *** Valid Date Range: 11/24/03 - 12/13/03 ***	
will not appear.	Date: [1]/24/03] Time: [07:00] AM/PM: [A] Iransmit:[]	

- Enter the **Date**, **Time**, and **AM/PM** and transmit. Upon transmittal, the referral letter for the applicant/participant will appear on screen. Print the letter and give it to the applicant/participant.
- Transmit from the letter screen. The scheduled appointment (and return appointment) will appear on the **Activity Inquiry** screen.



**Note:** Once a referral or return appointment has been made, the **Referrals and Return Appointments** screen appears whenever a Worker attempts to access the EP.



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Ele Edit Functions Spipts Session Belease Help	
10/27/2003 New York City - Work, Accountability and You (NYC-WAY) 15:34 15:34 Referrals and Return Appointments User: sys84	
Case Number 00000118 CIN XT916(; ES Code 28 Office 023 Name FREEMAN DoB 08/07/1967 SSN 074-58-7 D Sex Male Status IMARE - RETURN APPOINTENT SCHEDUL Case Type SNCA IndStat SI	
Referral/Outcome Category Refr Refer Date Ref Time OCme D/Come Date Other - Requires Investigation 938H 10/31/2803	
Outcomes awaited - EAEP suspended	
Plan Date 18/16/2003 1623.820	
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## Rescheduling Appointments

If there is an open referral code, rescheduling appointments must be done manually through the **NYCWAY Master Menu** as follows:

• Enter the **Case Number** in the **Case #/App Reg#** field on the **Master Menu**, enter the appropriate action code in the **Enter an Action** field and transmit. The system returns a screen indicating that an open appointment consistent with the type of referral being made has been found.



• From the **System Message** screen, enter **Y** to reschedule the appointment and transmit. The **Enter an Action** screen will appear next.

Enter an Action screen

screen

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VORK, ACCOUNTABILITY, AND YOU (VAY) PIV822.388 ENTER AN ACTION	
Casenunber : 0000Suffix : 01 I-incounter : 01 Case Type : SNCA Appreg : 0007062646 CIN : XS16 SSN : 108-54	
Program: INTAKE Status : RETURN APPOINTMENT SCHEDULED	
Name : TYISON FRROME A Office : 067 Worker : CECB4 Action Code : 938b APPLICANT MSS APPOINTMENT SCHEDULED	
HECTAH CARE : 1244 HITMICHAE HAS HITAIHIENE CONFRONTS	
Action Date : [11/20/03] Future Action Date to be determined by Appointment	
Connent : (REQUIRED) [test ] Additional Comments? (Y/N) [N]	
Transmit [ <mark>]</mark> ]	
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Enter the required comments. Transmit, and the Appointment • Requester screen appears.



Using the Appointment Requester screen, the rescheduling of appointments is to be done in the same way as outlined in the instructions on page 5.

Entering a referral/appointment from **NYCWAY Master Menu** if no open referral

If the Worker attempts to enter a referral/appointment directly from **NYCWAY Master Menu** when there is no open referral/appointment available, an error message will appear indicating the referral/appointment can only be made via the Employability Plan.

NYCWAY Master Menu with error message	MAPER2A (99989) Ele Edit Functions Spripts Session Release Help 0993 CACtion/Assignment may only be issued via the EAEP> 712D04 WORK, ACCOUNTABILITY, AND YOU (VAY> PIW008. 90 MASTER MENU	< I
Action Code 938H entered	Case #/App Reg#:       (0000011_68)       Suffix:       [01]       Line #:       [01]         Demographics []       Detail       []       Case Profile       Error message         idext       []       Inquiry on Activity       []       Correct an Action       Error message         Employment:       []       Inquiry on Activity       []       Correct an Action       Error message         Caselists:       []       I Caseload Management       []       I Employment Plan EAEP       Correct an Action         []       Worklist Processing       []       Assignment       I assignment Adjustment []       I Attendance Inquiry       The referral must made through the EP.         Administrative Functions []       I Reporting []       I       Print Exit	no e. be e
Needed at Home Claimed option	If the applicant/participant indicates s/he is needed at home, enter Y in the Needed at Home Claimed? field on the Assessment – Primary Questionnaire screen, and press Enter. The Documentation Inquiry pop-up screen will appear.	
Documentation Inquiry pop-up screen	MAPER2A (99991)         Fle Edf Functions Sgripts Session Belease Help         11/19/2003 New York City - Work, Accountability and You (NYC-WAY)       1609.390         13:33       Documentation Innuity       User: sys84         Case Number 00001753       CIN XC3496       ES Code 20       Office 028         Name       MEDRICAL       DoB 07/83/1956       ES Code 20       Office 028         Name       MEDRICAL       DoB 07/83/1956       ES Code 20       Office 028         Name       MEDRICAL       DoB 07/83/1956       ES Mode-74-87       Sex Penale         Status       INFAKE - RETURN APPOINTMENT SCHEDUL       Case Type       PA       IndStat         Needed at Hone - (Valid) Documentation Submitted       Client has Valid Documentation in support of Claim ht       1644.020	

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 If the applicant/participant does not have valid documentation to support the needed at home claim, enter N on the Documentation Inquiry screen and press Enter to schedule a return appointment to get the documentation. The system will display the Needed at Home Schedule Return Appointment pop-up screen.

Needed at Home Schedule Return Appointment pop-up screen	MAPER2A (99991) The Stiff functions Speck (extin Release Help 11/19/2003 New York City - Nork, Accountability and You (NYC-UNY) (SERE,308) 13/33 Case Number 9009(75) Cit XC2496 Ex Code 28 Office, 828 No BY 24/2005 Cit XC2496 Ex Code 28 Office, 828 No BY 24/2005 Cit XC2496 Ex Code 28 Office, 828 No BY 24/2005 Cit XC2496 Ex Code 28 Office, 828 Fraction Status (NTAKE - RETURN APPOINTMENT SCHEDUL, Case Type PR Indetat AC Schedule Return Appointment Schedule Return Appointment? Ma Total 828 Prior Reting C-Note Help Prileg Noteens Enter a Y to schedule a return appointment, press Enter the Creation of Actions – Comments, FAD Date and Comments screen will appear listing the return appoint action code.	er, and
Creation of Actions – Comments, FAD Date and Comments screen with action code Return appointment action code	Image: Second	

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1638.070

 Enter a Y and comments (comments are required), and press Enter to schedule the return appointment. The Appointment Requester screen will appear.

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- Enter the **Date**, **Time** and **AM/PM**, transmit and the **Appointment Details** screen appears. Press **Enter** and the return appointment action code will appear on the **Activity Inquiry** screen.
- If the applicant/participant keeps the return appointment select EP on the NYCWAY Master Menu to modify the existing EP. The system will automatically go to the Documentation Inquiry pop-up screen.
  - If s/he does not present valid documentation at the return appointment, enter an N, press Enter and the Reschedule Return or Continue with Plan screen will appear.

Appointment Requester screen



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1	1/19/200 3:33	3 New Yo	rk City	- Work, Docu	Accounta mentatio	bility a n Inguir	nd You ( Y	NYC-WAY>	User:	0.300 sys84	
	Case Num Name Status	ber 0000 MED INTA	175338-0 <mark>Riguez R</mark> Ke - Ret	1-01 <mark>Orcedes</mark> Urn Appo	CIN XC Dob 07 Intment	34964G /03/1956 SCHEDUL	ES Cod SSN <mark>Ø8</mark> Case T	e 20 6-74-877 ype F	Offic 5 Sex A IndSt	e 028 Female at AC	
		Ne Cli	eded at ent has	Home - ( Valid Do	Valid) D	ocumenta ion in s	tion Sub	mitted f Claim			
	Plan Dat	e 11/18/	2003						164	4.020	
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**Note**: If the applicant/participant does not return with <u>valid</u> documentation to support his/her claim, another return appointment can be scheduled at the Worker's/Supervisor's discretion.

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e <u>E</u> dit	Functions Scripts	: <u>S</u> ession <u>R</u> elea	ise <u>H</u> elp					
	10/27/2003 N 12:26	ew York Cit	y - Work, ( Neede	Accountability <mark>1 at Home - Cl</mark>	and You (N simed	C-MAA)	<b>1600.300</b> User: sys84	
	Case Number Name Status	0000000831 DAVIS ANN UNDEFINED	-01-01 E <mark>tte</mark> - Undefinei	CIN XU686A Dob 11/24/19 D Status	ES Code 59 SSN 061 Case Ty	63 -54 .516 pe SNCA	Office 051 Sex Female IndStat AC	
				0	(c) D1	_	_	
		Sc.	hedule Reti	ther Return Ap	pointment?	M		
			Contin	<u>le with the Ea</u>	Ep?	h		
	Plan Date 1	07222003					1644 020	
		0/21/2003					1011.020	

The Worker has the option to reschedule another appointment or continue with the EP if the documentation is invalid.

• Enter a **Y** to schedule another return appointment if participant does not have appropriate documentation and the agency is unable to help the participant obtain the verification, or enter a **Y** to continue the **EP** because the needed at home claim was not substantiated.

Reschedule Return or Continue with Plan screen

- If **Y** was entered to continue with the EP, the system will • automatically update the needed at home claim to No. The Worker will be allowed to continue with the Employability Plan and make the necessary referrals.
- 3. If the applicant/participant has valid documentation to support the needed at home claim, enter a Y on the Documentation Inquiry screen, press Enter, and the Needed at Home Exemption Code pop-up screen appears.

Needed at Home Exemption Code pop-up screen	MAPER2A (99991) Ele Edt Functions Spipts Session Belease Help     11/19/2003 New York City - Work, Accountability and You (NYC-WAY)     1500.300				
	13:39     Personal Issues Claimed     User: sys84       EAEP     Case Number 00001753:     CIN XC34964     ES Code 20     Office 028       Name     MEDRIGUI     DoB 07/03/1956     SSN 086-74-877     Sex Female       Status     INTAKE - RETURN APPOINTMENT SCHEDUL     Case Type FA IndStat AC				
	Needed at Hone Do you want to post an Exemption code?				
	Plan Date 11/18/2003 1653.020				
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• Enter a Y to post an exemption code, press Enter and a pop-up box listing the exemption codes appears.

**Note:** If an **N** is entered, NYCWAY returns to the **Activity Inquiry** screen.

Applicant/Participant has

valid documentation



- Select the appropriate exemption code, press Enter and the exemption code and Action Code 119U (EP Assessment Completed – Participant Exemption) will post to close out the EP.
- **TAG Referral** The TAG referral process now allows the Worker to select appointment types for participants who need either TAG ESL referrals (when the Worker determines that the participant needs additional language testing because s/he clearly did not understand English at the Job Center interview) or TAG Basic referrals (all other testing and assessments). The process begins with accessing the EP and the Training Assessment Questionnaire screen:
  - 1. Access the EP, and the Language Preference Assessment screen appears.
  - 2. Complete the screen, press Enter and the Assessment Primary Questionnaire appears. Complete this screen and all other screens to resolve all barriers, including the Child Associated with Case (Child Care) screen. NYCWAY will prompt the Worker to post Action Code **119N** which indicates there are no more barriers. Enter a Y and press Enter and the Training Assessment Questionnaire screen will appear.

Pop-up box listing

exemption codes



3. Answer all the questions on this screen, and enter a Y to refer the participant to the Training Assessment Group (TAG). Only participants who meet TAG criteria can be referred to TAG. The system will post Action Code 13TT, indicating a referral to TAG is being made. (Applicants in training, identified by action code **935T**, will be called into TAG once the case becomes active.)

**Note:** If a participant does not meet the TAG referral criteria, they will not be able to continue and an error message will appear.



4. Enter a Y to accept the action code, press Enter, and the TAG Referral Options box appears.

**Comments and** 

action code



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11/19 13:05 EAE	∕2003 Ne P	ew <u>York City</u> Creation	- Work, of Actio	<u>Accounta</u> ns - Com	bility a ments an	nd You ( d Confir	NYC-WAY) mation	160 User:	10 <mark>.300</mark> sys84	
Case Name Stat	Number us	Tab To C JOB SITE	hoice an	d Transm	it	S Cod SN 13 ase T e:	e 20 3-66-65 ype Fi	Offic Sex IndSt	e 067 Female at AC	
		TAG BASIC TAG ESL RE	REFERRAL FERRAL	·		UNIT	(TAG)			
	Acti					<u>-'n'</u>	to Deny	N		
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5. Select the desired TAG Referral option. The English as Second Language (ESL) Referral can only be given for Tuesday appointments, and is selected when the Worker determines that the applicant/participant needs additional language testing because s/he clearly did not understand English at the Job Center interview. The Basic Referral is selected for all other referrals; appointments can be scheduled for Monday– Thursday. Press **Enter**, and the **Appointment Requester** screen appears.

Appointment Requester screen	MAPER2A (99991) File Edit Functions Soucht Session Belease Help E255 = PRESS Pi or TRANKHIT to COMPLETE THE APPOINTMENT PROCESS= WORK, ACCOUNTABILITY, AND YOU (WAY) PIV308.385 Appointment Requester Case 8: 00065611 Indv 8:01 Line 8:01 Case Type: 11 Appointment Requester Case 8: 00065612 Indv 8:01 SSN: 1336665 Pirst: 32085 Program Status: INTR / (INTALE ) / (				
	Appointment Description: IAG APPOINTMENT Site Code: IRM Site Name: Iraining Site == Valid Date Range: 11/28/03 - 12/18/03 == Date: [31]/28/03] Time: [07:00] AM/PM: [A] Iransmit:[]				
	Confrm Cancel RuDtIn Help Paint				

6. Enter the **Date**, **Time** and **AM/PM** within the **Valid Date Range** field and transmit. The referral will post on the **Activity Inquiry** screen as follows:

Activity Inquiry screen with TAG Referral	MAPER2-A (99989)           Ele         Edd         Functions         Sgipts         Session         Belease         Heb           Honths         on PA         Cend         OCT ] : n/a         PIV865.328           68C691         WORK, ACCOUNTABILITY, AND YOU (VAY)         PIV865.328				
TAG referral	Casenunber:         800         Suffix:         01         Linenunber:         01         Case Type:         FA           Appreg:         40005662853         CIN:         ZM11385         SSN:         800-66-73           Progran:         Await.         Sched.         SSN:         800-66-73           Status:         New Active Individual         Office:         054         ES Code:         20           Sex:         F         Unit:         Comp Code:         000         200         Code:         20				
	Dr.         ACTION/DESCRIPTION         STATUS CMP         PUT DATE OPF         WORKR SITE           [1] 18/24/03 13TT REFERMAL TO TAG         AVI16         18/27/03 TA2 E6/786 TRN           [1] 18/24/03 13TT CHILD CARE IN PLACE         AVI16         18/24/03 E54 E6/786           [1] 18/24/03 13TG CHILD CARE IN PLACE         AVI16         1377         /         854 E6/786           [1] 18/24/03 13TG CHILD CARE IN PLACE         AVI16         1377         /         854 E6/786           [1] 18/24/03 13TG CHILD CARE IN PLACE         AVI16         1377         /         854 E6/786           [1] 18/24/03 13TG CHILD CARE IN PLACE         AVI16         1377         /         854 E5/786           [1] 18/24/03 1376 FF INTIARTE         AVI16         1377         /         854 E5/786           [2] 18/24/03 0000 API0A PPELIC REGISTERD-ADC         AVI16         18/42/03 ISO SYSTM         XXXXX         693E //         SYS SYSTM           [3] 08/12/03 693 IND RMUL: SANCTION         XXXXX         693E //         SYS SYSTM         XXXXX         693 E//         SYS SYSTM           [1] 08/72/28/33 411N NOI REQUIRED         Next Suffix:         Next Line:         CATEGORY:				
	Prior RollFv Asging Dening AddAct Assign HistPr Profle MnHenu				

#### PROGRAM **IMPLICATIONS Paperless Office** There are no POS implications. System (POS) Implications Food Stamp There are no Food Stamp implications. Implications Medicaid Implications There are no Medicaid implications. LIMITED ENGLISH For Limited English Speaking Ability (LESA) SPEAKING applicants/participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE. **ABILITY (LESA) IMPLICATIONS** FAIR HEARING There are no Fair Hearing Implications. IMPLICATIONS

# **RELATED ITEMS**

PD #99-34R(4)	Employability Assessment &
	Employability Plan
PD #99-35RR	Individualized Employability Assessment
	and Employability Planning

## REFERENCES

12 NYCRR 1300.2 (b) (5) 12 NYCRR 1300.6 (b) 12 NYCRR 1300.7 (b)