



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 #05-03-ELI

(This Policy Directive Replaces PD #00-25RR)

FINGER IMAGING FOR PUBLIC ASSISTANCE CASES

Date: February 1, 2005	Subtopic(s): Finger Imaging
AUDIENCE	The instructions in this policy directive are for all staff in Job Centers. It is informational for all other staff.
REVISIONS TO ORIGINAL DIRECTIVE	<p>This policy directive replaces Policy Directive #00-25RR dated October 16, 2000 and has been revised to reflect the following changes:</p> <ul style="list-style-type: none">• A new report, the Automated Finger Imaging System (AFIS) report, is now available through the Paperless Office System (POS) Management Console.• The Finger Imaging Notice (W-519) has been revised.• The Finger Imaging Report Routing Slip (W-519C) has been revised.• The Finger Imaging Closings Settled in Conference (W-519F) form has been made obsolete.
POLICY	As a condition of eligibility for public assistance (PA), all adult household members must be finger-imaged. This mandate applies to all individuals age 18 years or older and/or heads of household under 18 years of age applying for or receiving PA, unless they are otherwise exempt from the finger imaging requirements.

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 2 at the prompt followed by 765 or
send an e-mail to *FIA Call Center*

Distribution: X

BACKGROUND MATERIAL

Exemptions from finger imaging

Exemptions

The following individuals are exempt from finger-imaging:

- "Payee only" applicants/participants (unless the payee is applying for or in receipt of food stamps).
- Individuals physically unable to comply due to injury or disability.
- Persons under age 18 years, unless s/he is a payee on his or her own case.
- SSI (F-15), Residential Treatment (F-61), Homebound (F-63) cases.
- For Food Stamps, individuals who are sanctioned, ineligible (such as ineligible aliens) or disqualified.
- Households in the Emergency Assistance to Adults (EAA) category.
- Homebound applicants/participants (identified with homebound indicator "Y" in element **220** of the **TAD**).
- Congregate Care Facility residents.

REQUIRED ACTION

Refer to the Client Identification Number (CIN) Selection procedure for detailed instructions.

AFIS REFERRAL PROCESS

Applicants

- While conducting the initial eligibility interview, the Worker must complete the **Application Intake** activity in POS. This activity will register the case in POS and will generate a clearance report that can be viewed on the **CIN Re-use** window in POS. The Worker must select the appropriate CIN to use based on the CIN selection hierarchy.

- In instances where all demographics are the same and one CIN has an AFIS Indicator and the others do not, select the CIN with the AFIS Indicator. However, if a CIN exists whose demographics are completely correct and the demographics associated with the CIN having an AFIS indicator are incorrect, the Center Director's Designee should contact the AFIS Help Desk at (718) 510-0596 to associate the AFIS indicator with the CIN whose demographics are completely correct, and that CIN should be selected.

Example: The participant's line is active with CIN #WX109ZL4 and is finger-imaged under CIN #WZ208XL5. According to the results from the clearance report, CIN #WX109ZL4 is a 106 match (i.e., perfect demographics) and CIN #WZ208XL5 is a 90 match. In this instance, the Worker should select CIN #WX109ZL4 and have the Center Designee contact the AFIS Help Desk to make the correction in AFIS.

After the CIN is selected, the **Finger Imaging Notice** screen will appear.

Registry #	Application Date	Unit/Work	Case #	Case Name	Suffix	Case Type
0027442027A	010501	POCDET	2		1	SNCA

Ln	Scl	First Name	MI	Last Name	Sex	SSN	DOD	AFIS Case	CM	CNTR	Case/Reg #
01	1	DBL		LOPEZ							

Ln	Scl	First Name	MI	Last Name	Sex	SSN	DOD	AFIS Case	CM	CNTR	Case/Reg #	Case Type	Case Desc	Recoup Name	CIN	Ind Stat	Source
01	1	DBL		LOPEZ	M	48444	18761962						CL CL CL	N		CL CL CL	ISF

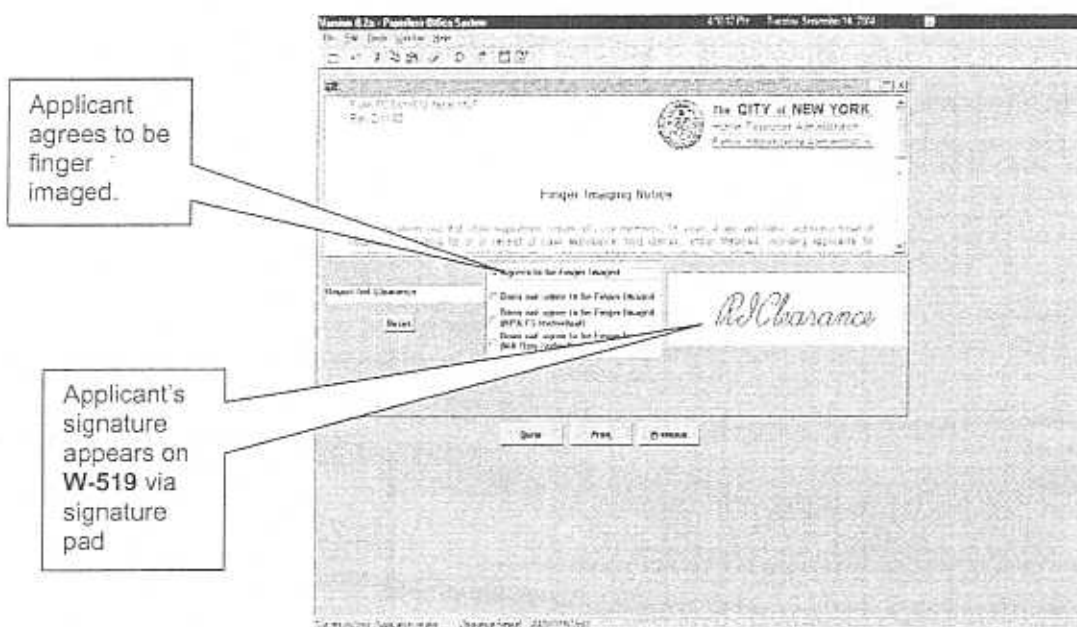
The suggested CIN match is indicated by the arrow. You may highlight the suggested CIN match to show another appropriate CIN from the clearance.

Do you wish to use a new CIN because there is no appropriate CIN in the clearance? Yes No

Done Previous

On the **Finger Imaging Notice** screen, complete a Finger Imaging Notice (**W-519**) for each case member who must be finger imaged. The "For Office Use Only" section will be automatically completed by POS based on the information entered previously.

- Have the applicant sign the **W-519** using the signature pad to indicate whether or not s/he agrees to be finger-imaged. The applicant must sign the **W-519** even if s/he refuses to be finger-imaged.
- Print the **W-519** and click "Done" after the **W-519** is printed. POS will bring the Worker back to the Worker's Queue where the **Application Interview** can be completed.



If the printed **W-519** does not contain the applicant's signature or the "For Office Use Only" section is missing information, the Worker must manually complete the missing items of the **W-519** and have it scanned into POS.

After the applicant signs the **W-519**, the Worker must complete the application interview in POS before sending the applicant to the Finger Imaging Unit. The Worker should send the applicant to be finger-imaged while the other applicant forms are printing. When the Worker sends the applicant to be finger-imaged, the Worker must:

- Give the applicant the signed **W-519** to bring to the Finger Imaging Unit. The applicant and all adult members being imaged must bring identification to the Finger Imaging Unit.
- If all adults in the household who need to be finger-imaged are not present at the eligibility interview, send the adults who are present to the Finger Imaging Unit and give the applicant a return appointment to bring in those adults not present so that they can be finger-imaged.
- Instruct the applicant/participant to return with the Finger Imaging Match Results Notice (**W-519C**) and attachments once the finger imaging is completed.

Emergency Assistance

If an applicant is applying for emergency assistance, including an immediate needs grant and/or expedited food stamps, the Worker must refer him/her to the Finger Imaging Unit to be imaged before any benefits can be issued. In no instance should this process delay an emergency interview. The Worker should not authorize any benefits until s/he has received the AFIS results, unless the AFIS results are not available. For example, if AFIS is down or the AFIS Operator has left for the day, the Worker must make the eligibility determination for emergency assistance, without the AFIS results and in accordance with current procedure.

Note: Households classified in the Emergency Assistance to Adults (EAA) category are exempt from the AFIS requirement and should not be referred for finger imaging.

Participants

At the Face-to-Face Recertification (FFR) interview or at the next in-person contact, the Worker must ensure that all household members who have reached their 18th birthday or who recently moved into the household are finger imaged.

There are three methods for the Worker and Supervisor to identify participants who must be finger imaged at Recertification:

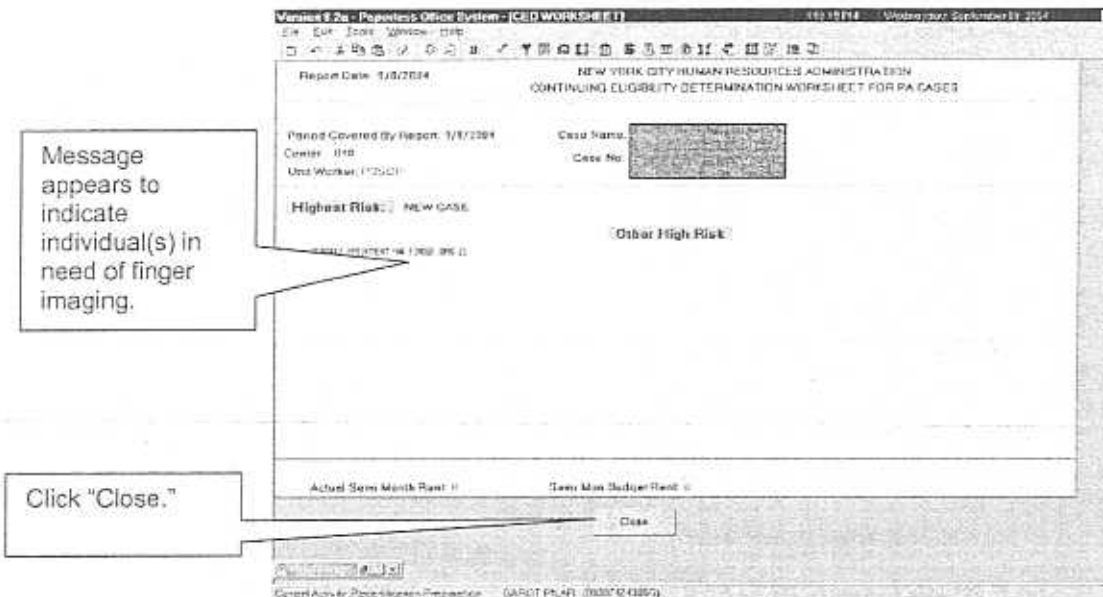
- NYCWAY Recertification Report (**WIN32X**)
- During Recertification Preparation in POS
- AFIS Report on the POS Management Console

NYCWAY Recertification Report

The NYCWAY Recertification Report (**WIN32X**) is generated the first week of each month and identifies individuals age 18 years or older who have not yet been finger-imaged. Individuals coded as temporarily unavailable for finger imaging are not included in this report.

Recert Prep in POS

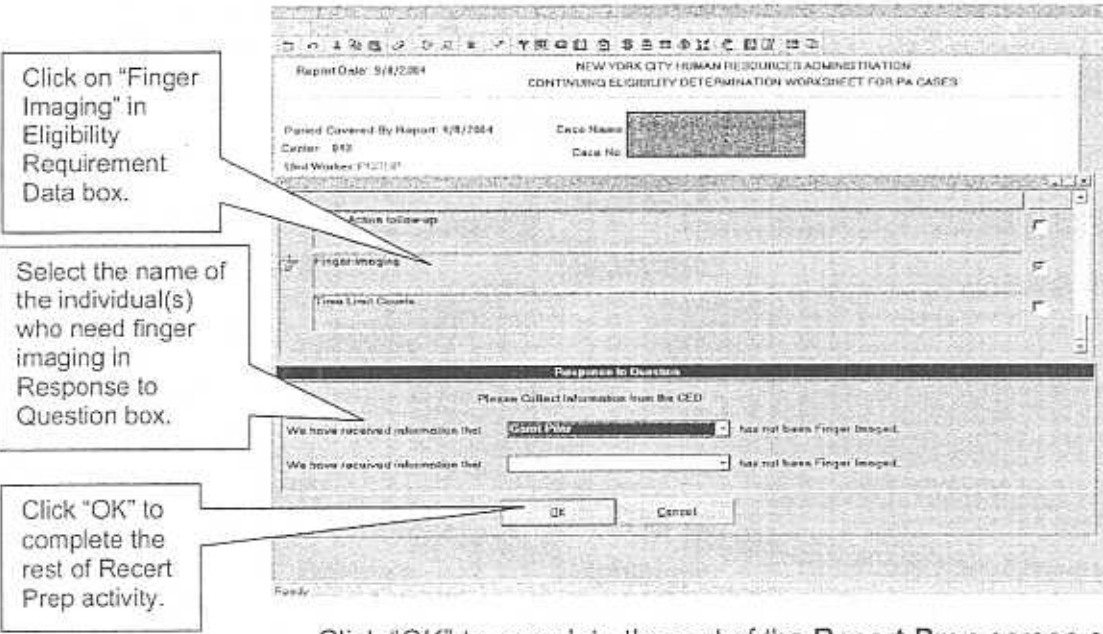
When preparing a case for Recertification, if an individual needs to be finger imaged, a "High Risk" message will appear on the **CED Worksheet** screen.



Message appears to indicate individual(s) in need of finger imaging.

Click "Close."

- Click "Close" then click on "Finger-Imaging" in the **Eligibility Requirement Data** box.
- After the **Response to Question** box appears, select the name of the individual(s) on the case in need of finger imaging.



Click on "Finger Imaging" in Eligibility Requirement Data box.

Select the name of the individual(s) who need finger imaging in Response to Question box.

Click "OK" to complete the rest of Recert Prep activity.

- Click "OK" to complete the rest of the **Recert Prep** screen and then click on "Next."
- The Notice of Recertification Appointment (**W-908T**) will be mailed to the participant indicating all adult members of the household that must be finger-imaged at the recertification interview.

See attachment A
Guide to Using the
AFIS Report on the
Management Console

AFIS Report on Management Console

Staff must use the AFIS report to ensure that all finger-imaging issues are addressed at the FFR interview.

When a participant reports to the Center for an FFR interview, the Receptionist must:

- Review the AFIS Report to see if the individual or any member of his/her household needs to be finger-imaged.
- If an individual requires finger imaging, check WMS to determine if the individual is known by another CIN and if so, whether s/he was imaged under that CIN.
 - If the individual is known by another CIN and it has a finger image indicator, the Receptionist must notify the Supervisor by phone of his/her findings. Do not refer this individual for finger imaging.
 - If s/he is not known by another CIN, the Receptionist should prepare a **W-519**, have the participant sign the form and immediately refer him/her to the Finger Imaging Unit and advise the individual to give the finger-imaging results to the JOS/Worker at the FFR interview.

If the participant is not sent to the Finger Imaging Unit before s/he meets with the JOS/Worker, the JOS/Worker must ensure that the individuals required to be finger-imaged are finger-imaged prior to the completion of the Recertification activity. The JOS/Worker must:

- Generate an internal clearance report to determine if the individual is known by another CIN and, if so, whether s/he was imaged under that CIN. The **CIN Re-use** screen will list all possible matches and indicate if a CIN has an AFIS indicator.

Note: Just because a CIN has an AFIS indicator does not mean that it is the best match. Staff must follow the instructions in the CIN selection procedure to determine the best CIN to select.

Two-day action

- If the individual is activated under one CIN and imaged under another CIN, and the imaged CIN has a higher score than the active CIN, the Worker must correct the CIN in WMS. Since there should be only one CIN, the CIN with the higher score should take precedence over the CIN with the lower score. To assign the higher CIN to the active case, the following actions must be processed on the **TAD**.
 - Using the Case Member Addition activity function, on Day 1, add the individual as a new line (in applying **[AP]** status) on the food stamp case using the demographics and the CIN of the imaged case. A new clearance report will generate and the imaged CIN will appear on the report. This is a two-day action. In this instance, the individual cannot be finger-imaged until the correct CIN is active in WMS. Therefore the Worker must give the participant a return appointment.
 - On Day 2, close the active line and activate the line with the imaged CIN on the **TAD** and save a budget.
 - Change the status of the new line on the **TAD** from **AP** to activate (**AC**), enter the imaged CIN (if not preprinted as a result of a single 106 match).
- If there is no indication in WMS that the participant was finger-imaged, prepare a **W-519** and immediately refer him/her to the AFIS Operator.
- Advise the participant that s/he must present a verification of identity at the Finger Imaging Unit.
- Instruct the participant to return with the **W-519C** and finger-imaging results when the imaging process is completed.
- Enter a case note to inform the Unit Supervisor (AJOS I) and have the completed **W-519C** and Match Result Notice scanned into POS.

Masking Finger Imaging FINGER IMAGING UNIT

At the Finger Imaging Unit, the applicant/participant must hand in the **W-519** along with his/her identification to the AFIS Operator prior to being finger-imaged.

The AFIS Operator must:

- Check the individual's identification.
- Check index fingers for the presence of any foreign substance which may prevent the individual from being finger-imaged
 - If a foreign substance is detected, advise the applicant/participant that finger imaging cannot be performed until s/he removes the material from his/her fingers. The applicant/participant may return within 48 hours without rescheduling the AFIS appointment, but s/he must be prepared to be finger imaged (foreign substances removed). However, a decision cannot be made on his/her application for assistance until s/he returns and is ready for finger imaging without any materials or conditions that may mask the finger image.
 - The AFIS operator must advise the Worker of the rescheduled appointment by completing the Finger Imaging Report Routing Slip (**W-519C**) and sending the applicant/participant back to the Worker. The Worker cannot accept the application, including emergency assistance, or recertify the case if s/he receives a **W-519C** indicating the applicant/participant tried to mask his/her finger image.
 - If the individual does not return within 48 hours, the absence will be deemed a failure to comply with the finger-imaging requirement.
- Take the individual's photograph.
- Finger image the individual.
- Have the individual sign his/her name on the signature pad.
 - When the applicant/participant is finger-imaged, a copy of his/her photograph and signature is automatically indexed and committed to the POS Browser. An AFIS Match Result Notice will then be generated.
- Compare the signature on the signature pad with the signature on the **W-519**.
- Prepare the **W-519C**.
- Give the **W-519**, **W-519C** and the coded Match Result Notice to the applicant and instruct him/her to return with the documents to the Worker.
- When the individual cannot be finger-imaged due to a temporary injury/disability, complete the **W-519C** to advise the Worker and enter the appropriate information into AFIS.

Temporary
injury/disability

AFIS Indicator Codes

In most instances, the AFIS indicator codes will be generated based on the information entered by the AFIS Operator. The following AFIS indicator codes will usually appear in Element 392 of the TAD:

System-Generated Codes

- Blank** Not finger-imaged (Not an exemption, indicates no finger imaging has taken place)
- 1 Finger Imaged
 - 2 Exempted – Left and Right Fingers Permanently Unavailable And Unusable (System-Generated)
 - 3 Temporarily Unavailable or Unusable, One Finger (System Generated)
 - 4 Temporarily Unavailable or Unusable, Two Fingers (System Generated)
 - 8 Exempted Congregate Care Facility (System Generated, F-61)

Reporting of AFIS Shut Down

AFIS Shuts Down

If AFIS shuts down, the AFIS Operator at the Center must:

- Call the Sagem Morpho Helpdesk at 1-800-480-6331 to report the problem.
- Record the incident on the Finger Imaging System Shut Down Log (W-519R).
- Forward all W-519R's to the Center Director or designee at the end of each week.

The Operator will continue to finger-image applicants/participants through the "spooling" process. This means that all finger imaging transactions are saved locally to the AFIS Operator's workstation hard drive. The storage space is the spool directory. If the connection to AFIS is lost while the Operator is finger imaging the applicant/participant, the workstation automatically switches to the off-line mode and places finger imaging transactions in the spool directory. These images are stored locally and are not compared to other images within New York State. Therefore, AFIS searches will not be executed, and Match Result Notices will not print on the local workstation printer until connectivity is restored, and spooled files are despoiled for processing. The AFIS Operator must complete the W-519C to inform the Worker that AFIS was down.

AFIS restored

When network connectivity is restored, the AFIS Operator can reconnect to the OTDA AFIS database by logging out of the AFIS application, then logging back in. Any spooled records can be despoiled to the OTDA AFIS database for processing, and the AFIS Operator can resume working online.

Note: If there is a problem with the AFIS record or the image on AFIS, the AFIS Operator should call the Sagem Morpho Helpdesk at 1-800-480-6331.

Operating Hours for Finger-Imaging Unit

Extended hours

AFIS is available from 8:00AM to 6:00PM on weekdays. Any enrollments performed outside of these hours will be spooled to the local workstation hard drive until connectivity is restored, and the records are despoiled for processing. If the participant has an emergency and the AFIS Operator is not available, the determination for emergency assistance must be done in accordance with current procedure and the participant should be given a return appointment to return the next day for finger imaging.

ELIGIBILITY DETERMINATION

Review of Finger Imaging Report

Upon receiving the **W-519C** packet (including the Match Results Notice) from the applicant/participant, the Worker must scan the report into the electronic case record and proceed as follows based on the match results as indicated on the Match Results Notice:

- **Match Result: 1 (Match Found)**

If a match is found, this indicates that the applicant/participant is known by another CIN and could possibly have an active case, which may be recorded under another name, CIN, or social security number. In all instances prior to generating a report, an expert analyst will have reviewed the findings and made a final verification.

BFI can be reached at
(212) 274-4774/4749,

- If a match is found, the Worker must immediately contact the Bureau of Fraud Investigation (BFI) at (212) 274-4774/4749.
 - The Worker must not discuss the finding with the Applicant/participant but ask the applicant/participant to wait in the designated area. BFI will either send an investigator to speak with the applicant/participant the same day or ask that s/he be referred to BFI. If BFI cannot respond the same day, the Worker should not delay issuing the immediate needs/EFS grant, if the individual is otherwise eligible, unless instructed by BFI.
 - BFI will advise the Worker as to whether to deny, close or accept the individual.
 - BFI is required to provide OTDA with the resolution on all AFIS Matches.
- In many instances, a match is found because the wrong CIN was selected. In these instances, the correct CIN must be selected (refer to the instructions on page 6 of this directive).

- **Match Result: 2 (No Match Found)**
No additional action is required.

Refusal to Comply with Finger Imaging

Refusal to comply with finger imaging

If the applicant/participant or a sanctioned individual who is legally responsible for a case refuses without good cause to be finger imaged, the Worker must deny or close the PA case as follows:

Applications

Case head or legally responsible relative fails to comply

If the noncompliant individual is the case head or legally responsible relative the entire case is denied for PA and FS. Enter one of the following denial codes in elements **222** and **231** of the TAD:

- PA Reject code **122** (Failed to Comply with Automated Finger Imaging System) for Family Assistance (FA) and Safety Net Federally Participating (SNFP) cases
- PA reject code **118** (Failed to Comply with AFIS Requirements) for Safety Net Cash Assistance (SNCA) and Safety Net Non Cash (SNCC) cases
- FS reject code **122** (Failure to Comply with Finger Imaging Requirements)

Non payee fails to comply

If the noncompliant individual is a nonpayee, deny his/her line for PA and the entire household for FS as follows:

Refer to the Food Stamp implications on this PD for additional information.

- Enter PA individual line removal code **F88** in element **330** on the TAD
- Enter FS reject code **122** in element **231** on the TAD

Undercare

If the noncompliant individual is the case head or legally responsible relative the entire case is denied for Public Assistance. Enter the following closing code in Element **222** on the TAD:

- **N88** (Failure to Comply with Finger Imaging Requirement – FA cases only)
- **M88** (Failure to Comply with Finger Imaging Requirement – Safety Net cases only)

This is true for the case head, legally responsible relative and the non payee

Note: If the failure to comply happens at the recertification interview the FS case must be closed as well. In these instances, use FS closing code **M88**.

If the nonpayee fails to comply with finger imaging, the Worker must close the individual's line for PA by entering **F88** (Failure to Comply With AFIS – Non-Legally Responsible Adult) in element **331** of the **TAD** and close the entire FS household with FS Closing Code **M88**. A new budget must be calculated and saved to remove the individual as well.

Good Cause

Good cause

An applicant/participant may be granted "good cause" for not complying with the finger-imaging requirement as long as s/he provides evidence to support his/her claim. After a review of the evidence, the Worker will discuss and decide with his/her Supervisor whether to accept the "good cause" claim and prepare a detailed case record entry regarding the decision. "Good cause" exists when:

- The applicant/participant has a physical or mental condition that prevents compliance;
- The failure to comply is directly attributable to an Agency error; or
- There are other extenuating circumstances or reasons beyond the applicant's/participant's control because of which s/he could not reasonably be expected to comply (e.g., hospitalization at the time of appointment).

If the applicant/participant is granted good cause, the Worker must enter one of the following codes in element 392 of the TAD:

- 5 Exempted Individual, Good Cause Reason (Manual Entry)
- 7 Exempted SSI-Related (Manual Entry)
- A County Specific Approved Exemption (Manual Entry)

Applicants/Participants Who Received Benefits to Which They Were Not Entitled

If a match is found on an applicant/participant who has already received benefits to which s/he was not entitled, the Worker must prepare a recoupment for the overpayment per current procedure and determine if the individual is eligible for continued assistance based on BFI's recommendation.

Case Sign-Off

Prior to signing off on a case, the Supervisor must ensure that:

- All non-exempt applicants/participants have been finger-imaged;
- The AFIS Match Result Notice and the W-519C has been scanned and indexed into the electronic case record for each case member age 18 years and older;
- The appropriate follow-up action has been taken on any failures to comply or match hits; and
- The Worker documented the resolution in the case record after BFI resolved the AFIS Match results.

Annotating the AFIS Report

The JOS/Worker and Unit Supervisor (AJOS I) must enter the action(s) taken with regard to finger imaging by manually completing the appropriate columns on the printed AFIS report:

- **Imaged** – The AJOS I will check WMS the week following the individual's finger imaging to verify that the finger imaging was completed, and will enter "Y" with the date the individual was finger-imaged or "N" if the individual was not finger-imaged.
- **CIN Corrected** – The JOS/Worker will enter "Y" with the date the corrective action was taken, "N" if no correction was needed or "N/A" if not applicable to the individual.
- **Indiv RMV Date** (Individual Removed Date) – Enter the date action was taken to remove the individual from the case as indicated in WMS.
- **Case Clsg Date** (Case Closing Date) – Enter the date the case status was changed to "closed" as indicated in WMS.

Monitoring/Follow-Up

The Deputy Director will engage in follow-up activity on a weekly basis. Follow-up activities include:

- Reviewing the AFIS Report for the responsibility area;
- Ensuring that all individuals listed on the report were finger-imaged and the appropriate case actions taken;
- Annotating incomplete columns; and
- Forwarding the completed AFIS Report to the Director by the 15th of the next month.

The Deputy Director/Director will be responsible for sampling 10% of the total cases on the AFIS Report, via WMS, to ensure reporting accuracy. The AFIS Report data will likely change over time, as finger image indicators are updated each weekend. When the POS case is synchronized it retrieves data from WMS and the individual who has been finger imaged is automatically removed from the AFIS Report on the POS Management Console.

PROGRAM IMPLICATIONS

Paperless Office
System (POS)
Implications

There are no POS implications.

Food Stamp Implications

Households with an individual who fails without good cause to comply with finger imaging are ineligible for FS unless the non-compliant individual is a sanctioned, ineligible, disqualified or otherwise exempt individual. For these cases, a separate food stamp determination must be done for the other household members.

An individual sanctioned for FS is not required to be finger-imaged. When the sanction is lifted, the individual must be finger-imaged before s/he can receive FS again.

Adult household members who were not finger-imaged at the time of the Expedited Food Stamp (EFS) eligibility determination must be enrolled in AFIS within 30 days of the application filing date in order for the household to be eligible for continued (ongoing) food stamp benefits.

FS participants cannot be mandated to come in for finger imaging between certification periods. Failure to comply with the finger imaging requirement during the certification period does not adversely affect FS eligibility. If a PA/FS participant is called in for finger imaging during the certification and does not comply, do not take action to close the FS case. Compliance of non-exempt Food Stamp participants is mandatory at recertification.

Medicaid Implications

Households with an individual who fails without good cause to comply with finger imaging are ineligible for Medicaid unless the non-compliant individual is a sanctioned individual who is legally responsible for a case. In this instance, a separate Medicaid determination must be made for the other household members.

In addition, if a Medicaid household has dependent children age 19 years or under, only the adult who fails to comply will be ineligible. In these instances a separate Medicaid determination must be done for the children.

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution

Households whose PA, FS and MA benefits were discontinued or reduced are entitled to request a fair hearing. A denial is not an aid to continue issue. Discontinuance is an aid to continue issue except in conjunction with a FS recertification when the case has not yet been recertified. The participant must be given an opportunity for a conference/resolution on the issue.

Conferences

When a participant comes to the Job Center in response to a Notice of Intent to Reduce or Discontinue Benefits (**LDSS-4015 NYC/LDSS 4016 NYC**) due to a failure to comply with the finger imaging requirement, refer the participant to the Fair Hearing & Conference (FH&C) Unit. The FH&C AJOS/Supervisor I must enter the following on the upper left hand corner of the **LDSS-4015 NYC/LDSS 4016 NYC**.

- Name(s) of household members who failed to report for finger imaging.
- CIN for this household member(s)
- Case number as it appears in WMS.

The FH&C Unit must use the **LDSS-4015 NYC/LDSS-4016 NYC** to refer the participant to the Finger Imaging Unit and advise him/her to return to FH&C once s/he has been finger-imaged. The participant must return with the **W-519C** and Match Results Notice generated from the finger imaging process. In these instances, the **LDSS-4015 NYC/LDSS-4016 NYC** will serve as the referral to the Finger Imaging Unit.

For multiple adult members, a Settle in Conference (SIC) is not to be completed until all adult household members listed on the notice have been finger-imaged.

Once the participant returns from being finger imaged, the FH&C AJOS/Supervisor I will stamp the **LDSS-4015 NYC/LDSS-4016 NYC** as "Settled in Conference" (SIC), initial, date and return the original form to the participant and keep a copy for the Conference folder (**M-186A**). The FH&C AJOS/Supervisor I will also complete the Fair Hearing Update Data Entry Form (**DSS-3722**) and enter code **1** to stop the action and submit it to the Control Unit for data entry. The FH&C AJOS I/Supervisor must also forward the finger-imaging results to the Worker with instructions on how to proceed (e.g., contact BFI if a match exists).

The FH&C Supervisor is responsible for ensuring that further appeal by the participant through a fair hearing request is properly controlled and that appropriate follow-up action is taken in all phases of the fair hearing process.

Evidence Packets

All complete and relevant evidence packets must include a copy of the Finger Imaging Notice (**W-519**), Finger Imaging Report Routing Slip (**W-519C**), Notice of Intent (**LDSS-4015 NYC/LDSS-4016 NYC**), Finger Imaging Match Result Notice and a detailed case record entry.

REFERENCES

- 99 OMM/ADM-1
 - 99 ADM-9
 - 18 NYCRR 351.2(a)
 - 18 NYCRR 351.26
 - 18 NYCRR 360-3.2(m)
 - 18 NYCRR 384.3(a)(3)
 - 18 NYCRR 387.9(c)
-

ATTACHMENTS

Please use Print on Demand to obtain copies of forms.

- Attachment A** Guide to Using the AFIS Report on the POS Management Console
- W-519** Finger Imaging Notice (Rev. 2/1/05)
- W-519(S)** Finger Imaging Notice (Spanish) (2/1/05)
- W-519C** Finger-Imaging Report Routing Slip (Rev. 2/1/05)
- W-519F** Finger Imaging Closings Settled In Conference (Obsolete)
- W-519R** Finger Imaging System Shut Down Log (Rev. 2/1/05)

ATTACHMENT A

Guide to Using the AFIS Report on the POS Management Console

AFIS Report

To further aid in identifying individuals that require finger imaging at recertification, the AFIS report on the POS Management Console identifies cases scheduled for recertification that have an individual in need of finger imaging.

The Center Director's Designee must print this report weekly and distribute it to the appropriate groups and the Receptionist.

To access the AFIS Report, the Center Director's Designee must:

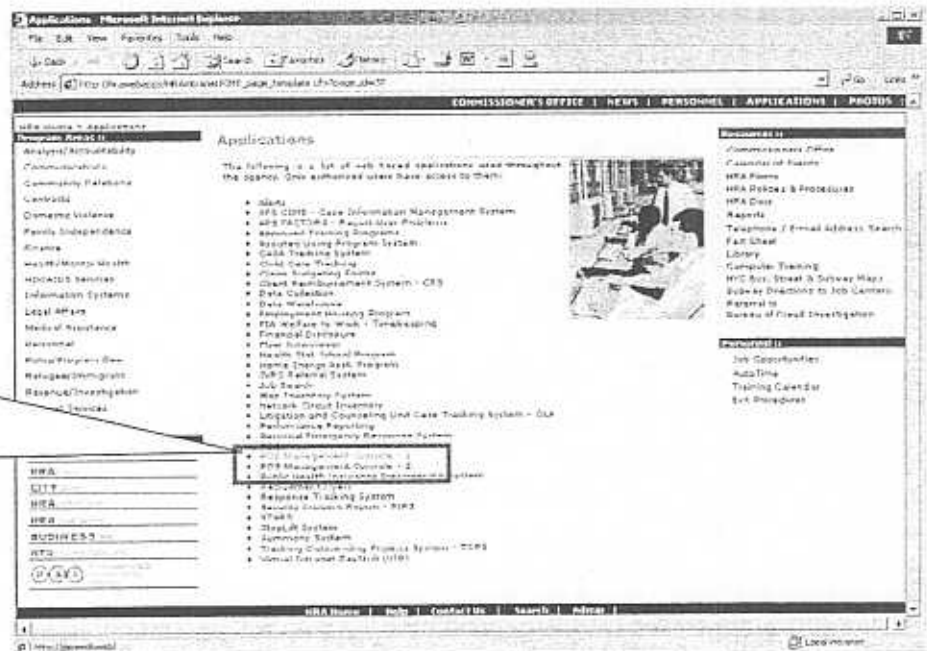
- Click the "Applications" link on the HRA Intranet Home page.

Click on "Applications" link on the HRA Intranet Home page.



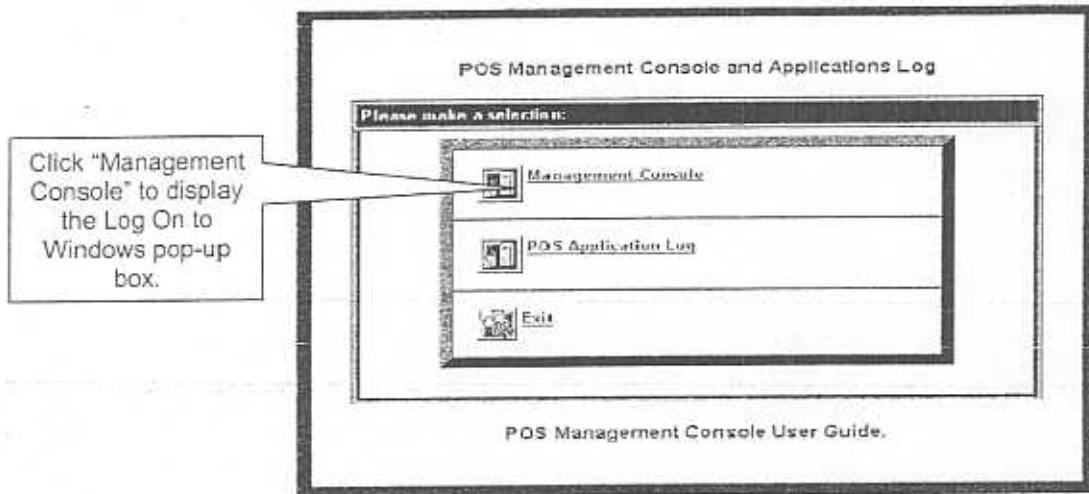
- From the list of applications, click "POS Management Console – 1" link to display the POS Management Console and Applications Log screen. If a systems error occurs, click the "POS Management Console – 2" link.

Click "POS Management Console – 1" link to display the POS Management Console and Applications Log screen.

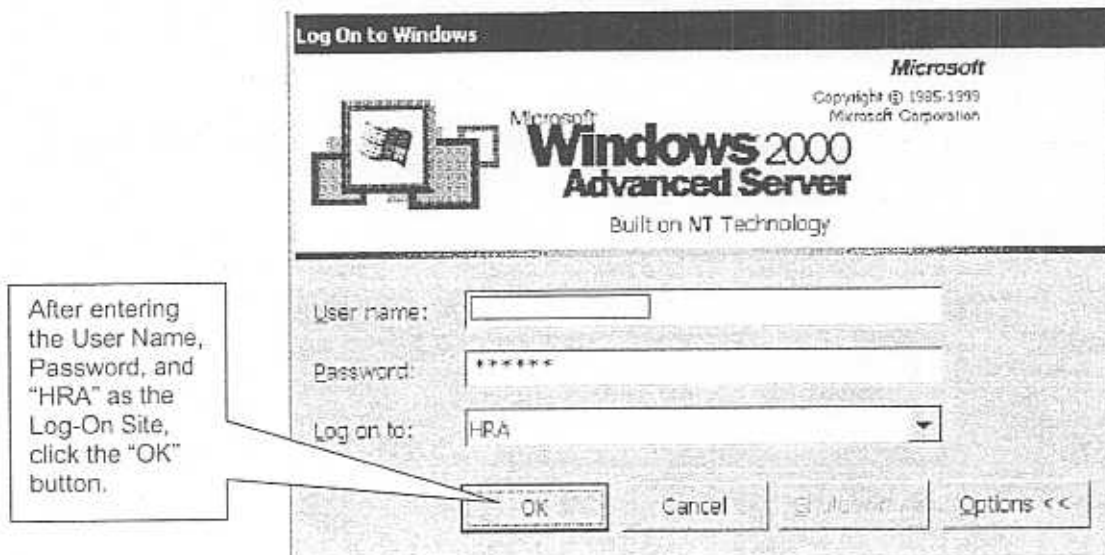


ATTACHMENT A

Guide to Using the AFIS Report on the POS Management Console



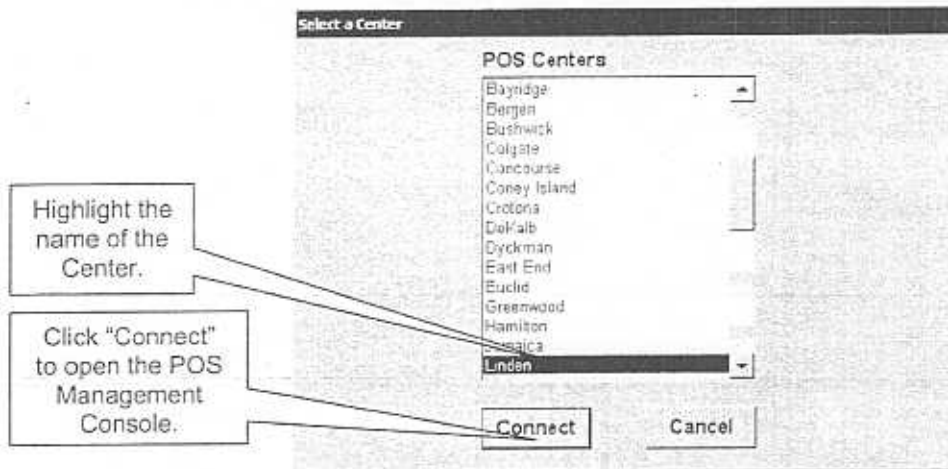
- Click the **Management Console** link to display the **Log On to Windows** pop-up box.



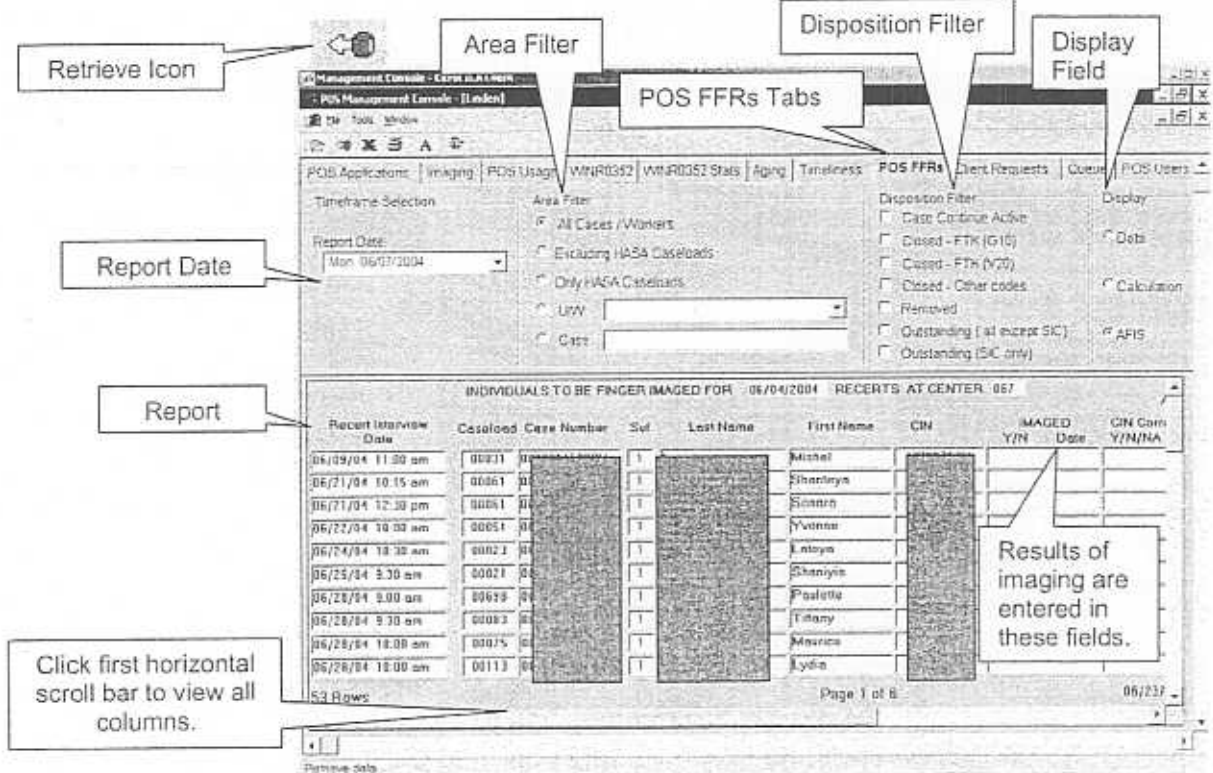
- Enter the User Name, Password and "HRA" as the Log-On Site, then click the "OK" button to display the **Select a Center** pop-up box.

ATTACHMENT A

Guide to Using the AFIS Report on the POS Management Console




- Select the name of the Job Center from the list displayed and click "Connect" to open the **POS Management Console**.



- Click once on the **POS FFRs** tab.
- Select a "Report Date" in the **Timeframe Selection** field.

ATTACHMENT A

Guide to Using the AFIS Report on the POS Management Console


- There are two filters. The **Area Filter** defaults to "All Cases/Workers." Other selections available are "Excluding HASA Caseloads," "Only HASA Caseloads," "U/W (Unit Worker)" and "Case." The **Disposition Filter** contains no selection. This field may be left blank or select one of the following—"Case Continue," "Active," "Closed – FTK (G10)," "Closed – FTK (V20)," "Closed – Other Codes," "Removed," "Outstanding (all except SIC)" or "Outstanding (SIC only)". No additional filter entries are needed.
- Click "AFIS" in the **Display** field.
- Click the "Retrieve" icon  at the top left of the screen.

AFIS Report contents

The bottom of the screen will display the **Individuals to be Finger Imaged for [selected report date] Recerts at Center [three-digit number]**. The names of the individuals to be finger imaged are listed in ascending order according to the date of the Face-to-Face Recertification appointment. Also displayed are the caseload, case number, suffix, individual's name (last, first) and CIN number. The columns to be annotated manually on the report are labeled "Imaged," "CIN Corrected," "Indiv RMV Date," and "Case Clsg Date." Click the first horizontal scroll bar to view all columns.

Saving the AFIS Report

The AFIS report must be saved as an Excel document in order to print it. Therefore the Designee must:

- On the menu bar, click "File," "Save As" on the drop-down list or click the "Save As [Excel]" icon  at the top of the screen to export the AFIS report contents to Microsoft Excel.
- In the **Save As** pop-up box "Management Console" is the default location. Always change the location where the file will be saved in the **Save in:** field using the down arrow to reveal the drop-down list to make a selection.
- Type the name of the document in the **File name:** field.
- Use the down arrow to reveal the drop-down list in the **Save as type:** field, select "Excel with headers" and click "Save." When the **Open File** pop-up box appears, click "No."

ATTACHMENT A

Guide to Using the AFIS Report on the POS Management Console

Printing the AFIS Report

After the report has been saved as an Excel spreadsheet, the Center Director's Designee must:

- Go to the location of the saved document, highlight the report, and double-click on the report to open it. Change the default headers to real text describing the data in each column (i.e., Recert Date, Caseload, Case Number, Suffix, etc.).
- Sort the "Caseload" column by highlighting all data columns (e.g., "Center" through "Case_clsg"), clicking "Data" in the menu bar of the window, and clicking "Sort." In the **Sort** pop-up box, use the down-arrow to select the "Sort by" field (e.g., Caseload), and click "OK."
- Continue to highlight all data columns. On the Formatting toolbar, click the "All Borders" icon to show grid lines. On the menu bar, click "File," "Print Area" and "Set Print Area" of columns to print.
- Click "File," "Page Set Up" and set "Orientation" to "Landscape."
- Click "Print" to display the **Print** pop-up window, enter the number of copies to be printed, click "OK," retrieve from the printer and distribute to the Unit Supervisor, Workers and Receptionist.

Finger Imaging Notice

This is to inform you that state regulations require all case members 18 years of age and older and minor head of households applying for or in receipt of cash assistance, food stamps and/or Medicaid, including applicants for emergency assistance, be finger-imaged. This information will be compared with other active computer files in order to assist in determining your household's eligibility for assistance and to prevent duplicate participation. You should bring a form of identification with you to the Finger Imaging Unit. Failure to comply with the finger-imaging requirement will result in a case denial/closing.

The Automated Finger Imaging System (AFIS) will copy your finger images and take your photograph quickly and easily. These images and photographs will be stored and matched against those of other applicants/participants. At the same time that we finger-image you, we will record your signature electronically so that we can issue you a Common Benefit Identification Card (CBIC). You will need this card to redeem your benefits.

You are exempt from this requirement if you meet any of the following criteria:

- "Payee only" applicants/participants (unless non-public assistance Food Stamp or Medicaid household members).
- Individuals physically unable to comply with this requirement because of injury or disability. However, if the condition is temporary, an appointment to return for finger-imaging will be made.
- Applicants/participants under 18 years of age unless payees for their own cases or suffixes.
- SSI (F-15), Residential Treatment (F-61) or Homebound (F-63) case.
- Emergency Assistance to Adults (EAA) household.
- Congregate Care Facility resident.
- Homebound Applicant/Participant identified with homebound indicator "Y."
- Individuals who are sanctioned, ineligible (such as ineligible aliens) or disqualified (for food stamps).

- | |
|--|
| <p><input type="checkbox"/> I agree to be finger-imaged.</p> <p><input type="checkbox"/> I am exempt from finger-imaging because I meet one of the above exemption criteria.</p> <p><input type="checkbox"/> I do not agree to be finger-imaged. By not agreeing to be finger-imaged, you are ineligible to receive Public Assistance, Food Stamps and Medicaid. Your case may be rejected or closed as appropriate.</p> <p><input type="checkbox"/> I do not agree to be finger-imaged. By not agreeing to be finger-imaged, you and the entire Food Stamp household will be ineligible to receive Food Stamp Benefits (NPA FS individual).</p> <p><input type="checkbox"/> I do not agree to be finger-imaged. By not agreeing to be finger-imaged, you and the entire Medicaid household (unless there are children up to age 19) will be ineligible to receive Medicaid (Medicaid only individual).</p> |
|--|

Applicant/Participant Signature: _____

Date: _____

For Office Use Only

Exempt from finger-imaging (permanently exempt).

Finger Imaging Referral Applicant Participant AFIS Second Review Case Type: _____

Job Center Number: _____ NPA FS Center Number: _____ Medicaid Center Number: _____

Worker Name: _____ Worker Telephone Number: _____

Finger Image, Photograph and Signature

Identification Only (Please verify identity)

Payee Case – Photo and Signature Only

Finger Imaging Verification
(Please verify whether previously
finger-imaged – multiple Client
Identification Number [CIN])

Signature Only (F15, F61 and F63 only)

Report to Finger Imaging Unit, _____ floor Appointment Date: _____ Time: _____ AM PM

Name: _____ Social Security Number: _____

Registry Number/CIN: _____ DOB: _____ Caseload: _____

Sex: Male Female

(Include in Application Kit)

SAMPLE



Aviso Respecto a Impresiones Digitales

Por el presente se le informa a los miembros de casos que tengan 18 años de edad o más y menores jefes de familia de que se le deben tomar sus impresiones digitales por computadora si están solicitando o reciben asistencia en efectivo, cupones para alimentos y/o Medicaid, incluidos los solicitantes de asistencia para emergencias. La información será comparada a la de otros expedientes computarizados activos para poder determinar si el hogar es elegible respecto a asistencia y para evitar la duplicación de expedientes. Debe traer con usted una prueba de identificación a la Unidad de Impresiones Digitales (Finger Imaging Unit). Si no cumple los requisitos de impresión digital, su caso puede ser cerrado/denegado.

El Sistema Automatizado de Impresión Digital (Automated Finger Imaging System – AFIS) le tomará su foto de forma rápida y fácil y además captará sus impresiones digitales. Estas impresiones digitales y fotografías serán archivadas y cotejadas con las de otros participantes. Al tomar sus impresiones digitales, registraremos electrónicamente su firma de manera que podamos asignarle una Tarjeta de Beneficios en Común (Common Benefit Identification Card – CBIC). Usted necesitará esta tarjeta para coleccionar sus beneficios.

Usted está exento de este requisito si reúne cualquiera de los siguientes criterios:

- Solicitantes/participantes que sean "solo destinatarios" (a menos que sean miembros del hogar que reciban cupones para alimentos o Medicaid sin asistencia pública).
- Personas quienes físicamente no pueden cumplir este requisito debido a una lesión o incapacidad. Sin embargo, si la condición es temporal, se le otorgará otra cita para tomarle las impresiones digitales.
- Solicitantes/participantes menores de 18 años de edad, a menos que sean destinatarios de su propios casos o sufijos.
- Caso de SSI (F-15), Tratamiento Residencial (F-61) o Confinado al Hogar (F-63).
- Hogar de Asistencia de Emergencia para Adultos (Emergency Assistance to Adults – EAA).
- Residente de Local de Cuidado en Grupo.
- Solicitante/Participante Confinado al Hogar identificado por el indicador correspondiente "Y".
- Personas sancionadas, inelegibles (como extranjeros inelegibles) o descalificados (para cupones para alimentos).

- | |
|--|
| <p><input type="checkbox"/> Permiso que me tomen impresiones digitales.</p> <p><input type="checkbox"/> Estoy exento(a) de tomarme impresiones digitales, puesto que cumplo uno de los requisitos mencionados más arriba.</p> <p><input type="checkbox"/> No permito que se me tomen impresiones digitales. Al no consentir a ser identificado(a) a través de impresiones digitales, usted renuncia a su derecho de recibir Asistencia Pública, Cupones para Alimentos y Medicaid. Su caso puede ser rechazado o cerrado si se estima pertinente.</p> <p><input type="checkbox"/> No permito que se me tomen impresiones digitales. Al no consentir a ser identificado(a) a través de impresiones digitales, usted y todos los miembros de su hogar que reciban cupones para alimentos, renuncian a su derecho de recibir Beneficios de Cupones para Alimentos (persona de NPA FS).</p> <p><input type="checkbox"/> No permito que se me tomen impresiones digitales. Al no consentir a ser identificado(a) a través de impresiones digitales, usted y todos los miembros de su hogar que reciben Medicaid (a menos que hayan niños de 19 años de edad o menos), renuncian a su derecho de recibir Medicaid (personas con Medicaid solamente).</p> |
|--|

For Office Use Only	
<input type="checkbox"/> Exempt from finger-imaging (permanently exempt)	
Finger Imaging Referral <input type="checkbox"/> Applicant <input type="checkbox"/> Participant <input type="checkbox"/> AFIS Second Review <input type="checkbox"/> Case Type: _____	
<input type="checkbox"/> Job Center Number: _____ <input type="checkbox"/> NPA FS Center Number: _____ <input type="checkbox"/> Medicaid Center Number: _____	
Worker Name: _____ Worker Telephone Number: _____	
<input type="checkbox"/> Finger Image, Photograph and Signature	<input type="checkbox"/> Identification Only (Please verify identity)
<input type="checkbox"/> Payee Case – Photo and Signature Only	<input type="checkbox"/> Finger Imaging Verification (Please verify whether previously finger-imaged – multiple Client Identification Number [CIN])
<input type="checkbox"/> Signature Only (F15, F61 and F63 only)	
Report to Finger Imaging Unit, _____ floor Appointment Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
Name: _____ Social Security Number: _____	
Registry Number/CIN: _____ DOB: _____ Caseload: _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

(Include in Application Kit)

SAMPLE



Date: _____
Case Number: _____
Case Name: _____
Job/Food Stamp Center: _____
Caseload: _____
JOS/Worker: _____
Telephone Number: _____

Finger-Imaging Report Routing Slip

From: Finger Imaging Unit

Attached is an Automated Finger Imaging System (AFIS) Match Result Notice for the following applicant/participant in your caseload:

First Name	M.I.	Last Name
------------	------	-----------

(Note: A large "SAMPLE" watermark is overlaid on this section.)

File a copy in the case record and if applicable annotate the paper case folder "Finger-Image Hit (date)."

Findings from Finger Imaging Unit

- Finger-imaged under different CIN _____
- Not finger-imaged due to (specify): _____
- Appointment rescheduled for: _____ (date)
- Cannot be finger-imaged due to:
 - Left finger temporarily unavailable
 - Right finger temporarily unavailable
 - Both left and right fingers temporarily unavailable
 - Left finger permanently unavailable
 - Right finger permanently unavailable
 - Both left and right fingers permanently unavailable
 - AFIS is down

FINGER IMAGING CLOSINGS SETTLED IN CONFERENCE

(Data Entry Transmittal)

FUNCTION 1 BATCH NUMBER _____ JOB TYPE 15 NO. FORMS _____

MGMT. UNIT _____ HOME CENTER _____ ORIG. ID _____ RESP. CTR. _____ OPER. ID _____

(1) SIC UPDATE AUTH. #	(2) CASE NUMBER	(3) AUTH. #	(4) AID STATUS
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1
		00333268	1

OBVIOUS

Control Unit Supervisor _____
 CRT Operator _____
 Date _____



Finger Imaging System Shut-Down Log (Daily Entry)

Center Number: _____

	Date	Finger Imaging Operator	Time System Went Down	Time System Came Back Up	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

SAMPLE

Liaison's Signature _____

Date Form Submitted _____