



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #07-41-OPE

(This Policy Directive Replaces PB #02-218-OPE, PD #03-41-OPE, PB #05-85-OPE and PB #05-126-ELI)

FAMILY SERVICES CALL CENTER

Date: November 1, 2007	Subtopic(s): Cash Assistance
AUDIENCE	The instructions in this policy directive are for all Job Center staff and are informational for all other staff.
REVISIONS TO THE ORIGINAL PROCEDURE	This procedure has been revised to redefine the process of servicing child-only Cash Assistance (CA) cases due to the creation of Child-Only Satellite Units. All references to the Recertification Eligibility Division (RED) have been removed.
POLICY	<p>All active child-only CA cases where the payee is not subject to CA work requirements are assigned to the Family Services Call Center (Center 17) with the following exceptions:</p> <ul style="list-style-type: none"> • HIV/AIDS Services Administration (HASA) cases • domestic violence cases • Child-only cases that are part of multisuffix cases • Cases where an adult household member is sanctioned

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*

PROGRAM DESCRIPTION

Center 17 was opened on March 18, 2002, and is located at 33-28 Northern Boulevard, Queens, NY. It provides case management services to its active child-only cases by telephone, mail and fax. Child-Only Satellite Units have been created in each borough to provide services that require in-person contact (e.g., scheduled recertification interviews) and to handle walk-in activity. The Child-Only Satellite Units are hosted at the following Job Centers:

The Child-Only Satellite Units are not considered part of the host Job Centers.

<u>Borough</u>	<u>Center</u>
Bronx	Melrose (Center 40)
Brooklyn	Greenwood (Center 85)
Manhattan	St. Nicholas (Center 26)
Queens	Family Services Call Center (Center 17)
Staten Island	Richmond (Center 99)

Center 17 hosts its own Child-Only Satellite Unit.

Child-Only Satellite Units

Each Child-Only Satellite Unit is responsible for providing intensive case management services to the child-only cases within its borough. These services include:

- Alien Review
- Child Care Assessment
- Emergency Assistance
- Face-to-Face Recertification (FFR)
- Referrals to other agencies for needed services

Child-Only Satellite Unit Caseloads

The child-only cases will be active at Center 17 and assigned specific caseloads based on zip code so that the responsible Child-Only Satellite Unit can be easily identified. The caseload assignments are as follows:

<u>Child-Only Satellite Unit</u>	<u>Caseload</u>
Bronx (Center 40)	00170-00209
Brooklyn (Center 85)	00211-00295
Manhattan (Center 26)	00111-00165
Queens (Center 17)	00311-00355
Staten Island (Center 99)	00401-00415

Transfer of Cases

The mass transfer of specified active child-only cases to Center 17 was conducted by MIS. The participants were notified in writing of the transfer and informed of the case management services offered by Center 17 and the Child-Only Satellite Units. Job Center staff should not manually transfer any child-only cases to Center 17.

REQUIRED ACTION

Center 17
Operational Units

Center 17 consists of the following units:

- Customer Service Phone Unit
- Mail Processing Unit
- Processing Unit

Customer Service Phone Unit

The Customer Service Phone Unit receives all telephone requests at Center 17. The Customer Service Worker must proceed with these calls as follows:

Telephone Calls to the Center 17 Customer Service Phone Unit

- Log in the call
- Before giving out confidential information, verify the caller's identity by requesting his/her Social Security number and date of birth, if applicable
- If the caller is not the payee but is acting on his/her behalf, determine the caller's relationship to the payee
- Determine the nature of the call, the type of inquiry/request and proceed as follows:

- Requests for General Information

If the caller is requesting general information, access the Welfare Management System (WMS) and/or the Paperless Office System (POS) and provide the necessary information.

- Requests for Case Action (not related to additional needs, additions to the household or emergency situations)

If the caller's request requires a case action for which documentation is not needed, such as skipped assistance, the Customer Service Worker must:

- create a case record entry in POS describing the request and action needed
- process any requests that may be granted immediately (e.g., skipped assistance and check replacements); otherwise forward the request to the Customer Service Supervisor who will review and route the request to the Processing Unit as an in-Center referral

Refer to [PD #07-25-OPE](#) to determine if documentation is required to process the check replacement request.

- Requests for Additional Allowance

All requests for additional allowances must be logged in the Tracking Log in POS. The request must be reviewed to determine if an emergency situation exists or if additional documentation from the caller is required to grant the request (see the Requests for Emergency Assistance or the Requests Requiring Additional Documentation section)

- Requests for Emergency Assistance

The Worker must evaluate each emergency request to determine whether it can be adequately addressed at Center 17 or if it requires an immediate referral to a Child-Only Satellite Unit or a local Center for in-person handling.

If the emergency request requires immediate attention that cannot be handled at Center 17, the Worker must immediately forward the request to the Customer Service Phone Unit Supervisor for expedited processing.

The Customer Service Phone Unit Supervisor must:

- contact the caller immediately to inform him/her that s/he may report to the Child-Only Satellite Unit in his/her borough for emergency assistance. The caller may also report to a local Job Center for emergency assistance if the local Center is more accessible to him/her.
- contact the Child-Only Satellite Unit or Center 17 Liaison at the local Job Center informing him/her of the caller's expected arrival.
- fax any requested information and related documentation, if any, to the Child-Only Satellite Unit or local Job Center.

If the caller is the payee on the case and s/he wishes to apply for a one-shot deal or ongoing assistance, s/he will be advised to apply for emergency assistance at the Child-Only Satellite Unit located in the borough of his/her residence or any Job Center throughout the city. The payee is not receiving assistance and would therefore be considered a new applicant.

- Requests Requiring Additional Documentation

If additional documentation is required to grant the request, the Worker must:

- prepare a Family Services Call Center Documentation Request form (**EXP-78QQ**) listing the documentation needed
- enter a case record note in the POS comments field
- forward a copy of the **EXP-78QQ** to the Mail Processing Unit

These actions must be completed on the day the request is received.

- Requests for Replacement of Photo Identification or Emergency Temporary Medicaid Card

A payee seeking replacement of a photo identification card or emergency temporary Medicaid card will be referred to the Child-Only Satellite Unit in the borough of the payee's residence.

Mail Processing Unit

The Mail Processing Unit (MPU) handles the receipt and distribution of all mail and fax requests and monitors responses.

Upon receipt of mail/fax requests, MPU staff must:

- open, date-stamp, and log all postal mail and interoffice mail/faxes
- separate mail/faxes into the following four (4) categories:
 - intraoffice mail (requests from the Customer Service Phone Unit)
 - new mail/faxes
 - returned mail/faxes
 - interoffice mail/faxes
- check WMS to identify and annotate a participant's case number if not provided on the correspondence.

Intraoffice Mail
(requests from the
Customer Service
Phone Unit)

On the day that an **EXP-78QQ** is received from the Customer Service Phone Unit, MPU staff must:

- make a copy of the **EXP-78QQ** and all related material.
- mail the original **EXP-78QQ** with a self-addressed return envelope to the participant. A due date of 10 days must be noted on the upper left-hand side of the return envelope.
- file a copy of the **EXP-78QQ** and all related material in the tickler file under the 10-day due date.

New Mail/Faxes

When a new mail/fax request is received by the MPU, MPU staff must review the correspondence and determine the nature of the request:

Emergency requests

- If the request is deemed an emergency (an emergency is defined as a situation requiring immediate action [within 48 hours] which, if not promptly addressed, could affect the health and safety of one or more household members):
 - flag the request as urgent and immediately forward it to the MPU Supervisor (the Supervisor will determine what actions to take to address the emergency)

Non-emergency
requests with no
additional documentation
required

- If the request is not deemed an emergency and all the documentation necessary to process the request has been submitted:

Refer to [PD #05-28-SYS](#)
for detailed instructions
on the single issuance
grant request process in
POS.

- record the grant request in POS and generate the Request for Emergency Assistance and/or Additional Allowance (For Participants Only) (**W-137A**) and follow the instructions in PD #05-28-SYS
 - make a case record entry in POS
 - forward the request and all the required forms to the MPU Supervisor as an in-Center referral
- If the request is not deemed an emergency and additional documentation is needed for processing, MPU staff must:
 - initiate the Single Issue Grant activity in POS and indicate that documentation is due in 10 days.
 - prepare the **EXP-78QQ** with a due date of 10 days. Scan and index the **EXP-78QQ** into the case record.
 - mail the original **EXP-78QQ** with a self-addressed return envelope to the participant. A due date of 10 days must be noted on the upper left-hand side of the return envelope.
 - file a copy of the **EXP-78QQ** and all related material in the tickler file under the 10-day due date.

Returned Mail

If correspondence is received in response to an **EXP-78QQ**, MPU staff must:

Responses to **EXP-78QQ**

- pull the copy of the request from the tickler file and review it to ensure that all the requested documentation has been submitted.
 - If all the documentation requested has been submitted, forward the packet to the MPU Supervisor.
 - If documentation is still missing, have the MPU Supervisor review the documentation to determine if a second request is warranted. If so:

Because Center 17 is a noncontact Center, an automatic 10-day extension is granted.

- Send the participant a new **EXP-78QQ**, identifying the missing documentation, along with a self-addressed return envelope. The return envelope must be stamped “**Second Request**” with the due date of an additional 10 days noted on the upper left-hand corner. Scan and index the **EXP-78QQ** into the case record.
- File a copy of the second request in the “Second Request” tickler file.
- Update the number of extension days from 10 to 20 on the Single Issue Grant Request in POS.
- Make a case record entry in POS.

No response to the first request by the tenth day

If a response to the first request for documentation is not received by the tenth day, MPU staff must:

- on the eleventh day, pull the material out of the first request tickler file and forward to the MPU Supervisor for review. If a second request is required, indicate that the due date has been extended from 10 days to 20 days on the Single Issue Grant activity in POS.
- file a copy of the request and other material in the Second Request tickler file under the new 10-day extension due date.

Second request - documentation received

If the documentation is received within the time allotted, MPU staff must:

- pull the request from the appropriate tickler file
- complete the Single Issue Grant activity in POS as outlined in [PD #05-28-SYS](#)
- forward the request with all supporting documentation to the MPU Supervisor for sign-off

Second request -
documentation not
received

If after the second request the participant fails to respond by the due date, MPU staff must:

- pull the request from the appropriate tickler file
- complete the Single Issue Grant activity in POS as outlined in PD #05-28-SYS
- note the failure of the participant to respond in the comments field in POS
- indicate that the request has been denied on the Tracking Log in POS
- forward the completed denial package to the MPU Supervisor for sign-off

The MPU Supervisor is required to:

- monitor the tickler file to ensure that all requests are addressed in a timely manner
- review all second requests for documentation to determine whether or not a second request is warranted
- review and sign off on all denials in POS due to the failure to respond to a second **EXP-78QQ**
- monitor the Single Issue Grant activity in POS to ensure that all entries are properly made
- for non-emergency requests, review all completed request packages before forwarding them to the Processing Unit
- evaluate each emergency request and immediately assign or forward to the Supervisor of the Processing Unit for expedited handling
- ensure that all case-related documentation and forms are scanned and indexed
- compile and submit weekly activity reports

Emergency requests are
evaluated and routed
based on the specific
circumstances.

Processing Unit

Processing Case
Actions

The Processing Unit Workers are responsible for taking action on assigned cases in accordance with current procedures. Upon receipt of an assignment, the Processing Unit Worker must:

- take all necessary action to complete the assignment by the specified due date
- complete the Single Issue Grant activity in POS to process the request as outlined in PD #05-28-SYS
- submit all completed actions to the Processing Unit Supervisor for review and approval

The Processing Unit Supervisor is responsible for:

- evaluating all emergency requests and ensuring that appropriate and timely action is taken to address the emergency
- assigning all requests received from the Customer Service Phone Unit and MPU
- reviewing and signing-off on all completed case actions in a timely manner
- ensuring that all case related documentation and forms are scanned and indexed
- monitoring and ensuring that all actions are completed in a timely manner

Child-Only Satellite Units

The Child-Only Satellite Units were created to handle Face-to-Face Recertifications (FFRs), referrals to other agencies, walk-in activity, emergencies and the alien review process of child-only cases located in their respective borough. The Child-Only Satellite Unit will service all payees/participants who walk in regardless of their requests.

Homelessness Diversion Unit staff at the host Center will service payees/participants referred to them by the Child-Only Satellite Units.

Center 17 Satellite Daily Activity Log (W-140TT)

For data collection and tracking purposes, JOS/Workers must complete the Center 17 Satellite Daily Activity Log (W-140TT) indicating the method of contact (FFR, Walk-in, Other Scheduled Appointment or Homebound), category, relationship of the payee to the child/ren, alien review status, referrals/other activities and case actions and/or outcomes.

Alien Review Process

Per current MKB procedure, the Specialized JOS/Worker will conduct an alien review on every noncitizen case except when the legally responsible relative is a Legally Permanent Resident (LPR) who has been in such status for five or more years ([see PB #07-113-OPE](#)). In the event that the payee is a battered alien, the Specialized JOS/Worker will make the appropriate referral for special assessment. The alien parents' line(s) must be in AP status for the alien review, Employment Plan (EP) and subsequent Domestic Violence Liaison (DVL) referral. The DVL will take appropriate action per current procedure ([see PD #07-33-ELI](#)).

The alien review process must take place at every point of contact with the case.

18/19-Year-Olds

JOS/Workers will be responsible for the handling of the 18/19-year-olds. At each contact, the JOS/Worker will review NYCWAY, WMS and the electronic folder to ensure the following:

- An EP is initiated on all 18/19-year-olds.
- The 18/19-year-olds are engaged in an activity if they are no longer in school.
- If school attendance is verified/documentated, the appropriate exemption code is posted in NYCWAY.
- All case members 18 years or older are finger-imaged.
- Appropriate steps are taken to make the 18/19-year-old the case head or added as an additional suffix and ensure that the case is transferred to the appropriate Center, per current procedure. Additionally, appropriate steps are taken to close the child-only case when the youngest child in the family ages out of Temporary Assistance for Needy Families (TANF).
- The 18/19-year-old is called in at his/her milestone birthday for an eligibility and employment assessment. At this point, s/he should be asked to complete a Statewide Common Application ([LDSS-2921](#)). Depending on the circumstances, a re-class and split-off or the designation of an essential person may be necessary. An essential person is an individual aged 18 years or older who is eligible for Safety Net Assistance (SNA), lives in the same home of a Family Assistance dependent child and whose presence in the household is deemed essential to the family's well being ([see PD #00-32R](#)). After the eligibility assessment, an EP should be initiated/completed and unless the 18/19-year-old is exempt, s/he should be engaged in an activity.
- Once this assessment has been done and an assignment made, the case should be transferred immediately.

Note: Any subsequent actions (including but not limited to the Notice of Intent [NOI] and Conciliation process) should be handled by the receiving Center.

Providing Emergency Assistance

When providing emergency assistance to a payee of an active child-only CA case, staff must first determine whether s/he is a legally responsible payee or a non-legally responsible payee.

Legally Responsible Payees

In emergency assistance situations where the caretaker payee is a legally responsible relative who is receiving Supplemental Security Income (SSI) or is an ineligible alien, benefits for rent, utility arrears in the payee's name and storage fees can be paid under the child's case since the payee's income and resources were already considered in determining the eligibility of the active child(ren).

The same is true when the payee is part of the CA household but is in sanction status for failure to comply with a program requirement.

Non-Legally Responsible Payees

Any caretaker of a child under the age of 21 who is neither the child's biological nor adoptive parent is considered to be a non-legally responsible individual, regardless of whether s/he is otherwise related to the child.

The income and resources of a non-legally responsible individual who applies for recurring CA on behalf of the child(ren) in his/her care (the payee is not receiving or applying for CA) are not considered in determining the child(ren)'s eligibility for CA. Therefore, if the payee requires financial assistance to cover storage fees for his/her belongings, help pay his/her rent arrears, and/or prevent a utility disconnection (utility bill is in the adult caretaker's name), then the payee must file an application for emergency assistance at the Child-Only Satellite Unit located at his/her borough of residence or any Job Center throughout the city. These allowances cannot be issued under the minor child's case.

Payee Applies at Child-Only Satellite Unit

If the caretaker payee reports to file an application to meet an immediate need at a Center which hosts a Child-Only Satellite Unit, s/he should be referred to the Satellite Unit for servicing. Once the payee files the application, s/he should be added as a new suffix on the child(ren)'s CA case and his/her household's circumstances should be assessed to determine eligibility for emergency assistance.

Payee Applies at Job Center

If the payee files an application to meet an immediate need at a Center that does not host a Child-Only Satellite Unit, the Center must:

- determine the location of the child(ren)'s case.
- transfer the child(ren)'s case to the Center where the payee's application for emergency assistance has been filed. Once the active CA case is at the appropriate Center, the payee should be added as a new suffix on the child(ren)'s CA case and his/her household's circumstances should be assessed to determine eligibility for emergency assistance.

Note: When adding the caretaker payee to the case as a new suffix, his/her category should be either:

- Emergency Assistance to Families (EAF), if the relationship between the payee and the child(ren) has been established; or
- Emergency Safety Net Cash Assistance (ESNCA), if the relationship between the payee and the child(ren) has not been established

If the applicant is eligible for emergency assistance, the case/suffix must be placed in single issue (**SI**) status and the budget calculated using proration indicator **S**. This indicator will ensure that the amount of benefits issued to the active suffix will not be affected.

Note: In all instances of a utility disconnect situation, before issuing a recoupable grant (Code **41**), the availability of funds under the Home Energy Assistance Program (HEAP) must be explored. If HEAP is not a possibility, and the participant’s rent and energy allowance is restricted, a Code **50** non-recoupable grant must be issued. Code **41** should always be the last alternative when issuing a grant to pay for utility arrears.

Once the emergency benefits are issued, the payee’s suffix must be closed. If the case was transferred from the Child-Only Satellite Unit, it must be transferred back.

Ongoing Assistance

If the payee wishes to file an application for ongoing assistance, s/he may do so at the Child-Only Satellite Unit located in his/her borough or any Job Center. The payee is not receiving assistance and would therefore be considered a new applicant. Staff should process the application for ongoing assistance per standard procedure.

PROGRAM IMPLICATIONS

Model Center Implications	There are no Model Center implications.
POS Implications	There are no POS implications.

Food Stamp
Implications

Workers are reminded that the income and resources of the non-legally responsible payee are not considered in determining the child(ren)'s eligibility for CA, but must be considered for Food Stamp (FS) purposes. Under no circumstances should eligibility for FS benefits be determined without including the income and resources of the payee. When the non-legally responsible payee has income and/or resources but is otherwise ineligible to participate in the FS program, the Worker must subtract the payee's pro rata share of the income and resources and budget the balance against the FS household.

Medicaid
Implications

There are no Medicaid implications.

**FAIR HEARING
IMPLICATIONS**

Avoidance/
Resolution

Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

The FH&C AJOS/Supervisor I will listen to and evaluate any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain to the applicant/participant the reasons for the Agency's action(s).

If the applicant/participant presents good cause for the infraction or the outstanding Notice of Intent needs to be withdrawn for other reasons, the FH&C AJOS/Supervisor I will settle in conference (SIC) the pending action, and enter Action Code **820** (Good Cause Granted) in NYCWAY with detailed case notes. The FH&C AJOS/Supervisor I must also post **10FH** to send the applicant/participant to the Job Center and forward all verifying documentation, submitted by the applicant/participant, to the appropriate JOS/Worker for corrective action to be taken.

In addition, if the adverse case action still shows on the “Pending” (08) screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form ([LDSS- 3722](#)), change the 02 to an 01 if the case has been granted aid continuing (ATC) or prepare and submit a PA Recoupment Data Entry Form - WMS ([LDSS-3573](#)), to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report ([M-186a](#)).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency’s action(s) should stand, then the AJOS/Supervisor I will explain to the applicant/participant why s/he cannot settle the issue(s) in conference. The AJOS/Supervisor I must complete a Conference Report.

Evidence Packets

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing already requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY “Case Notes” screens.

LIMITED ENGLISH SPEAKING ABILITY (LESA) AND HEARING-IMPAIRED IMPLICATIONS

For Limited English Speaking Ability (LESA) and hearing-impaired applicant/participants, make sure to obtain appropriate interpreter services in accordance with [PD #06-12-OPE](#) and [PD #06-13-OPE](#).

RELATED ITEMS

- [PD #00-32R](#)
- [PD #05-28-SYS](#)
- [PB #07-113-OPE](#)
- [PD #07-25-OPE](#)
- [PD #07-33-ELI](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- EXP-78QQ** Family Services Call Center Documentation Request (Rev. 11/1/07)
- EXP-78QQ (S)** Family Services Call Center Documentation Request (Spanish) (Rev. 11/1/07)
- W-140TT** Center 17 Satellite Daily Activity Log
- W-560ZZ** Application for Child-Only Cash Assistance Child Care Payments (Rev. 11/1/07)
- W-560ZZ (S)** Application for Child-Only Cash Assistance Child Care Payments (Spanish) (Rev. 11/1/07)
- W-584G** How To Fill Out the Application for Child-Only Cash Assistance Child Care Payments (W-560ZZ) (Rev. 11/1/07)
- W-584G (S)** How To Fill Out the Application for Child-Only Cash Assistance Child Care Payments (W-560ZZ) (Spanish)



Family Services Call Center

33-28 Northern Boulevard
Long Island City, NY 11101

Date: _____

Case Number: _____

Confirmation Number: _____

Family Services Call Center Documentation Request

We have received your request to complete the following actions on this case:

- | | |
|--|---|
| <input type="checkbox"/> Add a child to the budget | <input type="checkbox"/> Pay broker's fee, security deposit or advance rent payment |
| <input type="checkbox"/> Remove a child from the budget | <input type="checkbox"/> Pay utility arrears or fuel allowance |
| <input type="checkbox"/> Document an increase/decrease in household income | <input type="checkbox"/> Pay for purchase/storage of furniture or household items |
| <input type="checkbox"/> Change your address | <input type="checkbox"/> Pay moving expenses |
| <input type="checkbox"/> Pay back rent and/or pay excess rent | <input type="checkbox"/> Add a pregnancy allowance |
| <input type="checkbox"/> Change landlord information | <input type="checkbox"/> Close case |
| <input type="checkbox"/> Request child care | |
| <input type="checkbox"/> Add a restaurant allowance | |

To process your request, you must supply us with the documents checked off on the attached form **W-119D** as well as those checked off below:

- | | |
|--|---|
| <input type="checkbox"/> Reunification/discharge letter from foster care agency | <input type="checkbox"/> Storage bill |
| <input type="checkbox"/> Eviction notice, show cause notice or court stipulation | <input type="checkbox"/> Three binding estimates from licensed moving companies |
| <input type="checkbox"/> Broker's letter specifying fee | <input type="checkbox"/> Signed and dated letter requesting case closing |
| <input type="checkbox"/> Copy of broker's license | <input type="checkbox"/> Copy of utility bill |
| <input type="checkbox"/> New York State Jiggetts approval letter | <input type="checkbox"/> Other _____ |

Also enclosed are the forms checked off below. Please read the instructions for each form carefully and complete and sign the forms in the space indicated. Signatures are required in highlighted areas.

- | | | | |
|--|---|----------------------------------|---------------------------------|
| <input type="checkbox"/> CS-274W | <input type="checkbox"/> M-858y | <input type="checkbox"/> W-137A | <input type="checkbox"/> W-584G |
| <input type="checkbox"/> M-384k (a separate form must be completed for each absent parent) | <input type="checkbox"/> OCFS-LDSS-4699 | <input type="checkbox"/> W-146E | <input type="checkbox"/> W-700D |
| | <input type="checkbox"/> OCFS-LDSS-4700 | <input type="checkbox"/> W-560ZZ | |

Please send the requested documents in the enclosed envelope by _____. If you have any questions or cannot meet this date please call (718) 752-3937. You may fax the requested documents to us at (718) 610-2921/2922.

Use mail or fax only. Do not bring documents to the Center.



Family Services Call Center

33-28 Northern Boulevard
Long Island City, NY 11101

Fecha: _____

Número de Caso: _____

Número de Confirmación: _____

Petición de Documentación al Centro de Llamadas de Servicios a Familias

Hemos recibido su petición de llevar a cabo las siguientes medidas respecto a este caso:

- Agregar a un niño al presupuesto
- Retirar a un niño del presupuesto
- Documentar un aumento/disminución de los ingresos del hogar
- Cambiar su dirección
- Reembolsar el alquiler y/o pagar alquiler en exceso
- Cambiar la información del casero
- Solicitar cuidado infantil
- Agregar una asignación para comidas de restaurantes
- Pagar la comisión del agente de bienes raíces, depósito de garantía o anticipo de pago de alquiler
- Pagar las deudas de los servicios de electricidad y/o gas o de subsidio de combustible
- Pagar la compra/almacenamiento de muebles o de artículos del hogar
- Pagar los gastos de mudanza
- Agregar una asignación de embarazo
- Cerrar el caso

Para el trámite de esta petición, usted tiene que proporcionarnos la documentación indicada en el formulario **W-119D (S)** al igual que la documentación indicada en las casillas más abajo:

- Carta de reunificación/salida de la agencia de cuidado de crianza
- Aviso de desalojo, muestre causa justificada o estipulación del tribunal
- Carta de comisión del agente de bienes raíces
- Copia de la licencia del agente
- Carta de aprobación de Jiggetts del Estado de Nueva York
- Factura de almacenamiento
- Tres proyecciones de costo estipuladas por una compañías de mudanza con licencia
- Carta con firma y fecha que solicite el cierre del caso
- Copia de una factura de electricidad y/o gas
- Otro _____

Además se han adjuntado los formularios marcados en las casillas más abajo. Por favor lea cuidadosamente las instrucciones de cada formulario, llene el formulario y firme en el lugar correspondiente. Escriba su firma en las partes marcadas.

- CS-274W-S
- M-858y
- W-137A (S)
- W-584G (S)
- M-384k (S) (un formulario separado para cada madre/padre ausente)
- OCFS-LDSS-4699S
- W-146E (S)
- W-700D (S)
- OCFS-LDSS-4700S
- W-560ZZ (S)

Por favor envíe la documentación en el sobre adjunto para el _____. Si usted tiene preguntas al respecto o si no puede cumplir para esta fecha, favor de llamar al (718) 752-3937. Puede enviarnos por fax la documentación solicitada al (718) 610-2921/2922.

Envíe sólo por correo o por fax. No traiga documentos al Centro.



DATE _____		CENTER 17 SATELLITE DAILY ACTIVITY LOG - SITE _____																																	
Worker: _____		Source				Category		Relationship				Alien Review			Referral/Other Activities							Other Case Actions													
Case Name and #		FFR Interview	Other Appt Scheduled	Walk-in	Homebound	FA	SN	LRR		Non-LRR			Eligible	Ineligible	Pending	OCSE	Finger Imaged	TAG	BTW	Other Referral	187V	FIA3A	Conciliation	Housing											
		FDU	Other	utility arrears	OSD	Budget Letter	Household Member Addition	Child Care	EBT/Medicaid	FFR completed	Other**																								
SAMPLE																																			

Supervisor: _____

****Other - Includes budget review, skipped assistance, case re-openings, address changes, stop payment requests and check replacement, case name change, h/h member removal, furniture and storage.**



Application for Child-Only Cash Assistance Child Care Payments

Guardian/
Caretaker's Name: _____
Last First M.I.

Address: _____
Street Apt. Borough Zip Code

Phone Number: Home: _____

Social Security Number: _____

Do you need child care in order to look for work or to attend training? Yes No

Employer/Training Program Name: _____

Employer/Training Program Address: _____
Street Apt. Borough Zip Code

Employer/Training Program Phone Number: _____

Start date: _____

What hours do you work or attend training? From _____ AM/PM To _____ AM/PM Number of days/week: _____
(Attach copy of FIA School/Training Enrollment Letter (W-700D), letter of employment or recent pay stubs)

Name of School		Telephone Number	
Address of School			
Street	City	State	Zip

What days do you work or attend training? Check all that apply Sun Mon Tues Wed Thur Fri Sat

Where are the child's parents and why are they unable to care for the child(ren)?: _____

Are you the guardian of the child(ren) or do you have legal custody? Yes No

Reason for need of Child Care: _____

Key to Ethnic codes:

H for Hispanic or Latino	B for Black or African American
I for American Indian or Alaskan Native	P for Native Hawaiian or other Pacific Islander
A for Asian	W for White

Complete the following for each child, **up to age 13 living with you**, for whom you are requesting child care:

Child's Name	Date of Birth	Relationship to Applicant	CA Case Number	Citizenship/Documentation Provided	Ethnic code
Last: First:					
Last: First:					
Last: First:					
Last: First:					

If you are requesting Child Care for a Special Needs child(ren), age 13 to 19 living with you, list the name(s) of the child(ren) below. (Please provide documentation.)

Child's Name	Date of Birth	Relationship to Applicant	CA Case Number	Citizenship/Documentation Provided	Ethnic code
Last: First:					
Last: First:					
Last: First:					
Last: First:					

SAMPLE

Income information for household members 14 to 17 years of age who are siblings of the children for whom care is requested.

Name of Child(ren)	Type of Income (Child Support, SSI, Social Security benefits, etc.)	Amount Received	How often?
Last: First:			<input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> other (specify): _____
Last: First:			<input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> other (specify): _____
Last: First:			<input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> other (specify): _____
Last: First:			<input type="checkbox"/> monthly <input type="checkbox"/> weekly <input type="checkbox"/> other (specify): _____

Other family members living with you:

Name	Date of Birth	Social Security Number (optional)	Relationship to Child(ren) and Applicant
Last: First:			
Last: First:			
Last: First:			
Last: First:			

I swear and affirm that the information I have given is accurate.

Signature

Date



Solicitud para Pagos de Cuidado Infantil de Asistencia en Efectivo para Casos Sólo de Niños

Nombre del Tutor/Cuidador: _____
Apellido Nombre Inicial

Dirección: _____
Calle Apto. Condado Código Postal

Número de Teléfono: Casa: _____

Número de Seguro Social: _____

¿Necesita usted cuidado infantil para poder buscar trabajo o para asistir a capacitación? Sí No

Nombre del Empleador/Programa de Capacitación: _____

Dirección del Empleador/Programa de Capacitación: _____
Calle Apto. Condado Código Postal

Número de Teléfono del Empleador/Programa de Capacitación: _____

Fecha de comienzo: _____

¿Qué horas trabaja o asiste usted a capacitación? De: _____ AM/PM A: _____ AM/PM Núm. de días a la semana: _____
(Adjunte copia de la Carta de la FIA de Inscripción al Programa de Educación/Capacitación (**W-700D** [S]), carta de empleo o recientes talones de paga)

SAMPLE

Nombre de la Escuela		Número de Teléfono	
Dirección de la Escuela			
Calle	Ciudad	Estado	Código Postal

¿Qué días trabaja usted o asiste a capacitación?

Marque todos los que correspondan domingo lunes martes miércoles jueves viernes sábado

¿Dónde están los padres del niño y porqué no pueden cuidar del/de los niño(s)? _____

¿Es usted el tutor del/de los niño(s) o tiene usted custodia legal? Sí No

Razón por la cual necesita cuidado infantil: _____

Códigos Étnicos:

H Hispano o Latino	B Negro o Afro-americano
I Indio Americano o Nativo de Alaska	P Nativo de Hawai o de otra isla del Pacífico
A Asiático	W Blanco

Llene lo siguiente para cada niño **de hasta 13 años de edad que viva con usted**, para quien está solicitando cuidado infantil:

Nombre del Niño	Fecha de Nacimiento	Parentesco con el Solicitante	Número de Caso de Asistencia en Efectivo (CA)	Documentación/Ciudadanía proporcionada	Código Étnico
Apellido: Nombre:					
Apellido: Nombre:					
Apellido: Nombre:					
Apellido: Nombre:					

Si usted está solicitando Cuidado Infantil para niño(s) con necesidades especiales de 13 a 19 años de edad que viven con usted, liste el/los nombre(s) del/de los niño(s) a continuación. (Favor de proporcionar documentación.)

Nombre del Niño	Fecha de Nacimiento	Parentesco con el Solicitante	Número de Caso de Asistencia en Efectivo (CA)	Documentación/Ciudadanía proporcionada	Código Étnico
Apellido: Nombre:					
Apellido: Nombre:					
Apellido: Nombre:					
Apellido: Nombre:					

Información del ingreso de los miembros del hogar de 14 a 17 años de edad quienes son hermanos de los niños para los cuales se solicita cuidado infantil.

Nombre del/de los Niño(s)	Tipo de Ingreso (Manutención de Niños, Ingreso del Seguro Social, Beneficios de Seguro Social, etc.)	Cantidad Recibida	¿Con qué frecuencia?
Apellido: Nombre:			<input type="checkbox"/> mensual <input type="checkbox"/> semanal <input type="checkbox"/> otro (especifique): _____
Apellido: Nombre:			<input type="checkbox"/> mensual <input type="checkbox"/> semanal <input type="checkbox"/> otro (especifique): _____
Apellido: Nombre:			<input type="checkbox"/> mensual <input type="checkbox"/> semanal <input type="checkbox"/> otro (especifique): _____
Apellido: Nombre:			<input type="checkbox"/> mensual <input type="checkbox"/> semanal <input type="checkbox"/> otro (especifique): _____

Otros miembros de la familia que viven con usted:

Nombre	Fecha de Nacimiento	Número de Seguro Social (opcional)	Parentesco con el/los Niño(s) y el Solicitante
Apellido: Nombre:			
Apellido: Nombre:			
Apellido: Nombre:			
Apellido: Nombre:			

Juro y afirmo que la información que he proporcionado es verdadera.

Firma _____ Fecha _____



How to Fill Out the Application for Child-Only Cash Assistance Child Care Payments (W-560ZZ)

To begin the process of receiving subsidized child care, you must complete the Application for Child-Only Cash Assistance Child Care Payments (**W-560ZZ**).

You must fill in your name, address and home phone number (including your area code). Your Social Security number is optional.

Next, be sure to check either Yes or No if you need child care in order to search for employment or to attend school.

Fill in your employer's or training program's name, address, phone number, your start date and your hours. Also check the days you work or attend training. (Attach a copy of FIA School/Training Enrollment Letter [**W-700D**]). For verification, provide one of the following: letter of employment or paystub.

State if you know the whereabouts of the absent parent. If Yes, the name, address, telephone number and relationship to the child is required. A reason must be given as to why the parent cannot provide care for the child(ren).

You will need to provide a statement describing why child care is needed.

In the next section, fill in the names of the child(ren) for whom you are requesting child care. The first box is for children up to age 13. The second box is for Special Needs children between 13 and 19 years old. Documentation of the special needs must be provided. The active CA case number is also required.

Check the box that best describes the ethnicity of the child(ren) for whom care is requested.

Any income the child(ren) receive must be reported: what type (child support, SSI, SSA benefits etc.), amount received and how often.

All other members of the household need to be listed. If they are children, indicate what relationship they are to the child and you.

Provide income information of household members 14 to 17 years of age who are siblings to the child(ren) for whom care is requested.

Finally, carefully read the affirmation statement. If you agree, sign and date the form.

*In order to be eligible for child care, you must also complete the Enrollment Form for Provider of Legally-Exempt Family Child Care and Legally-Exempt In-Home Child Care (**OCFS-LDSS-4699**) or the Enrollment Form for Provider of Legally-Exempt Group Child Care (**OCFS-LDSS-4700**) and/or the Child Care Provider Enrollment Supplement (**CS-274W**).*



Cómo Llenar la Solicitud para Pagos de Cuidado Infantil de Asistencia en Efectivo para Casos Sólo de Niños (W-560ZZ)

Para comenzar el proceso para recibir cuidado infantil subsidiado, usted tiene que llenar la Solicitud para Pagos de Cuidado Infantil de Asistencia en Efectivo para Casos Sólo de Niños (**W-560ZZ**).

Usted tiene que llenar su nombre, dirección, y el número de teléfono de su hogar (Asegúrese de incluir su código de área). Su número de seguro social es opcional.

Luego, asegúrese de marcar Sí o No, si necesita cuidado infantil para poder buscar empleo o asistir a la escuela.

Llene el nombre de su empleador o programa de entrenamiento, la dirección, número de teléfono, la fecha que comenzó, y sus horas de trabajo. También marque los días que trabaja o que asiste a entrenamiento (adjunte una copia de la Carta de Inscripción al Programa de Capacitación o Educación de la FIA (**W-700D [S]**)). Para verificación, provea uno de los siguientes: carta de empleo o talonario de pago.

Indique si usted conoce el paradero del padre/madre ausente. De ser Sí se requiere el nombre, la dirección, el número de teléfono y qué parentesco tiene con el niño. Es necesario dar una razón por la cual el padre/la madre no puede proveer cuidado para el niño.

Usted necesitará proveer una declaración explicando por qué necesita cuidado infantil.

En la próxima sección, llene el/los nombre(s) de el/los niño(s) por los cuales usted está solicitando cuidado infantil. La primera casilla es para niños hasta los 13 años de edad. La segunda casilla es para niños con Necesidades Especiales entre las edades de 13 y 19 años. Documentación de las necesidades especiales tiene que ser proveída. También se requiere el número del caso activo de asistencia en efectivo.

Marque la casilla que mejor describe la etnicidad de el/los niño(s) por le/os cual(es) está solicitando cuidado.

Tiene que informarnos de cualquier ingreso que reciba(n) el/los niño(s). Que tipo (mantenimiento de niños, Ingreso de Seguridad Suplementario [SSI], beneficios de la Administración del Seguro Social [SSA], etc.), la cantidad recibida y con que frecuencia.

Es necesario que todos los otros miembros del hogar sean listados. Si son niños, indique cual es el parentesco con el niño y con usted.

Proporcione la información del ingreso de los miembros del hogar entre 14 y 17 años de edad que son hermanos del/de los niño(s) para quien(es) se solicita cuidado.

Finalmente, lea la declaración al final del formulario cuidadosamente. Si está de acuerdo, firme y póngale la fecha al formulario.

*Para poder ser elegible para cuidado infantil, también tiene que completar el Formulario de Inscripción para Proveedor(a) de Servicios de Cuidado Infantil en Familia Legalmente Exento y de Cuidado Infantil a Domicilio Legalmente Exento (**OCFS-LDSS-4699S**) o el Formulario de Inscripción para Proveedor(a) de Cuidado Infantil en Grupo Legalmente Exento (**OCFS-LDSS-4700S**) y/o el Suplemento de Inscripción del Proveedor de Cuidado Infantil (**CS-274W-S**).*