



FAMILY INDEPENDENCE ADMINISTRATION



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POLICY DIRECTIVE #10-18-EMP

(This Policy Directive Replaces PD #00-85R and PD #02-34-EMP)

ENGAGEMENT CALL-IN OF NONEXEMPT FOOD STAMP PARTICIPANTS

Date: April 23, 2010	Subtopic(s): Employment
AUDIENCE	The instructions in this policy directive are for Non Cash Assistance Food Stamp (NCA FS) Center staff.
POLICY	<p>Food Stamp (FS) participants between the ages of 16 and 59 are required to provide information regarding their work registration status.</p> <p>Participants who are deemed employable (nonexempt) must comply with the FS Program work requirements as a condition of eligibility.</p> <p>The FS Program work requirements for nonexempt participants include participation in a Food Stamp Employment and Training (FSET) program as assigned by the Agency.</p> <p>Nonexempt FS participants may be required to participate in an FSET program for up to 30 hours per week. The total hours of participation in an employment and training program and any hours of paid employment may not exceed 120 hours per month.</p> <p>See PB #09-86-OPE for details regarding the minimum wage.</p> <p>The maximum number of hours of work experience assigned to a participant each month may not exceed the value of the participant's monthly FS benefit divided by the higher of the state or federal minimum hourly wage.</p> <p>Failure to comply with the FS Program work requirements will cause nonexempt FS participants to be ineligible to receive FS benefits and subject to durational sanctions.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?
Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

BACKGROUND

To ensure compliance with the FS work requirements, the Family Independence Administration (FIA) has developed an employment program, in which the work activities are conducted by vendors specializing in job preparedness and job search. To assist with this initiative, the Management Information Systems (MIS) has developed a computer-based program named the Food Stamp Employment (FSE) system.

The FSE system facilitates the management, enrollment, and tracking of FS participants who are potentially required to participate in work activities. The FSE system interfaces with the Paperless Office System (POS), New York City Work, Accountability and You (NYCWAY), and the Welfare Management System (WMS).

Among the many functions of the FSE system are the selection of participants to be called in for an initial assessment interview with the employment vendor, the collection of data from the assessment interview, and the creation of various worklists that track the outcomes of the assessment interview and engagement activities. Instructions on how to access, log into, and use the FSE system are contained in the FSE System (**Attachment A**).

The worklists created by the FSE system will be reviewed by designated FS Workers at the Special Populations Change Center (F25) for possible follow-up actions. Workers at F25 must follow the instructions provided on FSE Worklist Processing (**Attachment B**).

Phase one of the FSET Engagement call-in is for individuals coded **WR**.

The employment program is being implemented in phases. In the first phase, participants with active cases at selected FS Centers who do not have any income and have an employability status (ES) code of **WR** – NPA FS Work Registration Required (ABAWD Required), will be called in for a mandatory assessment interview with the employment vendor.

Participants who have been assigned an ES code of **WR** are adults who are nonexempt from compliance with the FSET requirements and the Able Bodied Adults Without Dependents (ABAWD) eligibility requirements. These individuals are referred to as ABAWD's and are subject to compliance with both the FSET requirements and the ABAWD eligibility requirements.

ABAWD's are only eligible to receive FS benefits for three months in every 36 months unless they meet the ABAWD work requirements through one of the following methods. The ABAWD must:

- work (including in-kind and volunteer work) for at least 80 hours per month. There is no hourly wage requirement, but the work must not violate any state or federal law;
- participate in a work program approved by the Agency for at least 80 hours per month;
- both participate in an approved work program and work for a combined total of at least 80 hours per month; or
- fully comply with a Work Experience Program (WEP) assignment for the number of hours equal to his/her FS grant divided by the minimum wage.

Individuals who have an employment code of **WR** who are not included in phase one of the FSET Engagement call-in are not exempt from participation in FSET activities, but remain work registrants who will be engaged in later phases of the process. For example, individuals who are employed part time.

Individuals determined exempt from the FSET requirements are assigned the ES code **WE** – NPA FS Work Registration Exempt.

Individuals who are nonexempt from the FSET requirements but are determined exempt from the ABAWD eligibility requirements are assigned the ES code **WA** – NPA FS Work Registration Required (ABAWD Exempt). Conditions that exempt an individual from FSET requirements and ABAWD requirements are listed on **Attachment C**.

Even though individuals who are assigned ES code **WA** are not included in phase one of the FSET Engagement call-in, they are not exempt from participation in FSET activities. These individuals will be engaged in later phases of the call-in process.

See [PB #09-21-OPE](#) for mailing to nonexempt FS participants.

NCA FS participants with an ES code **WR** were mailed the Important Notice Regarding Food Stamp Work Requirements (**W-100G**).

The **W-100G** notice informed participants that if the Agency determined that they are required to take part in a work activity, they would be assigned to an employment program. The notice also included a listing of employment programs that participants could voluntarily visit to get assistance with finding employment.

Call-in Process

Mandatory Appointment Notice

The Mandatory Appointment Notice To Employment Vendor (Non Cash Assistance Food Stamp Participant) (**W-116AA**) is printed and mailed by MIS to NCA FS participants who have been selected to have an engagement appointment with an employment vendor. The vendor is responsible for completing an employment assessment.

The **W-116AA** provides participants with the following information:

- the appointment date and time;
- the employment vendor’s name and address;
- a telephone number to call if they need to reschedule the appointment;
- a listing of exemptions from the work requirements; and
- instructions to bring documentation if they believe they are exempt from work requirements.

Request for rescheduled interview appointment made prior to the initial appointment date

Participants who call the employment vendor prior to the scheduled appointment date for the purpose of arranging a rescheduled appointment will be mailed another **W-116AA** notice that will contain the rescheduled interview appointment date and time. The employment vendor will enter the participant’s rescheduled interview appointment in the FSE system.

Participants who fail to keep the initial or rescheduled appointment

If a participant fails to keep his/her initial or rescheduled appointment with the employment vendor, the FSE system will change the status of the case from “scheduled” to “no show”. The case will appear on a “no show” list in the FSE system.

A grace period of seven calendar days has been established during which time no action will be taken on the “no show” list. If the participant does not contact the vendor within the seven-calendar-day grace period to reschedule the appointment, the participant’s case will be moved to a “**No Show**” Worklist in the FSE system. When the “**No Show**” Worklist is received at F25, the assigned Worker will process an adverse action. The adverse action will be a case closing for single-person FS cases or a line sanction for the noncompliant individual on multi-person FS cases. A durational sanction period will be applied to the adverse action.

Rescheduled appointment during the seven-calendar-day grace period

If the participant does not keep his/her initial or rescheduled appointment but contacts the employment vendor during the seven-calendar-day grace period, the vendor will give the participant a rescheduled appointment. The vendor will enter the rescheduled appointment in the FSE system which will prevent the case from appearing on the “**No Show**” Worklist.

A participant who keeps his/her appointment with the employment vendor will undergo an employment assessment. The assessment may result in assigning the participant to a WEP, Job Search, or training.

Initial Assessment

During the initial assessment, the employment vendor will address any changes in circumstances reported that may exclude the individual from participation in phase one of the FSET engagement process at this time. Issues that may exclude the individual from participation are:

- Special assessment issues (see page 7 for explanation);
- Medical/mental health issues;
- Needed at home to care for a sick/disabled person;
- Alcohol/drug issue;
- Child under 18 years of age in the household;
- Unable to work: disability observed;
- Student (enrolled at least half time);
- Receiving Unemployment Insurance Benefits (UIB);
- Pregnancy; and
- Refugee training program (participating at least half time).

Participants must provide documentation of any of the issues above that may exclude them from the FSET engagement. However, participants will be excluded without documentation if they claim a special assessment issue or if the employment vendor observes a disability that makes the participant unfit for employment. Whenever it is determined that an individual is not able to participate in work activities, the ES code must be changed.

Participants who are excluded from the FSET engagement will be de-assigned from the vendor in the FSE system.

Exclusion issue documented at the initial assessment interview

If the participant claims to have an issue that would exclude him/her from participation and provides the required documentation, the employment vendor will indicate the claim in the FSE system and the Exclusion From Project Participation Form (**W-100C**) will automatically print. Form **W-100C** must be signed by the participant and the vendor. The vendor will scan the signed **W-100C** form and the documentation provided by the participant into the HRA OneViewer. The vendor will give the participant the **W-100C** form. The participant will be de-assigned and the case will be placed on the “**Exclusion from Participation**” FSE Worklist. Form **W-100C** was revised to add the Refugee training program exclusion.

Revised **W-100C** form

Exclusion issue not documented at the initial assessment interview

If the participant does not provide the necessary documentation to verify an issue that would exclude him/her from the FSET engagement, the employment vendor will give the participant a return appointment to provide the documentation.

The vendor will schedule the return appointment in the FSE system and give the participant the Mandatory Return Appointment Notice to Employment Vendor (Non Cash Assistance Food Stamp Participant) (**W-116CC**). The **W-116CC** notice lists the required documentation and the date, time, and location of the return appointment. The vendor must inform the participant to keep the return appointment even if he/she is unable to provide verification of a claimed exemption.

See **Attachment A** for accessing the FSE system and screen shots

When the employment vendor schedules the return appointment in the FSE system, the system records that the participant has kept the initial assessment appointment and has been given a return appointment to provide documentation.

Exclusion issue documented at the return appointment

If the participant keeps the return appointment and provides documentation, the employment vendor will follow the instructions previously given for individuals who document the exclusion issue at the initial assessment interview.

Exclusion issue not documented at the return appointment

If the participant keeps the return appointment but fails to provide documentation, the participant will be considered employable and available for an assignment to a work activity. However, when making an assignment to a work activity, the employment vendor should attempt to make accommodations for any reported limitations.

Note: There is no adverse action to be taken solely for a participant's failure to document a claimed exemption.

Participant fails to keep the return appointment

If the participant fails to keep the return appointment with the employment vendor, the FSE system will change the status of the case from "scheduled" to "no show". Seven calendar days after the missed return appointment date, the case will be moved to the "**No Show**" Worklist for a Worker at F25 to process an adverse action.

Note: The adverse action is initiated for the participant's failure to make himself/herself available for a work activity assignment, not for his/her failure to verify an issue that would exclude the participant from project participation.

If the participant fails to keep the return appointment, but contacts the employment vendor within the seven-calendar-day grace period, the vendor will not schedule another appointment for the participant. However, the vendor will inform the participant that he/she must come in and bring documentation of the claimed exclusion issue, or accept a work assignment prior to the seventh calendar day from the return appointment date to avoid the processing of an adverse action.

Follow Up Assessment

All assessments after the initial assessment has been completed are called “Follow Up” Assessments and are indicated as such in the FSE system. Participants who request a follow up assessment with the employment vendor are required to submit documentation (when applicable) of any issue that may exclude him/her from participation. The employment vendor may not move forward with excluding the participant until documentation of the exclusion issue has been provided.

Claimed Exclusion Issues

Participant claims a special assessment issue

If a participant indicates that he/she is a victim of Domestic Violence (DV), the employment vendor enters in the FSE system that the participant has presented a “Special Assessment” issue. The FSE system interfaces with the NYCWAY system to generate an appointment with a Domestic Violence Liaison (DVL).

Action Code **191N** (NCA FS Referral for Special Assessment) will post in NYCWAY, and the participant’s ES code will change in WMS from **WR** to **WE**. The participant will be given Form **W-100C**. The **W-100C** must be signed by the participant and the vendor. Form **W-100C** contains the date, location, and address of the special assessment interview. The participant is to be instructed by the vendor to bring Form **W-100C** to the DV interview. The participant will be de-assigned from the vendor.

The DVL will be able to view the appointment information in NYCWAY. If the participant keeps the DV appointment, the DVL will assess the participant to determine whether the DV claim is substantiated. If the DVL determines that the DV claim is valid, the participant will be excluded from the engagement process, the DVL will post Action Code **13FI** (FS Special Assessment: Issue Indicated) in NYCWAY and the participant’s ES code will remain **WE**.

If the participant keeps the DV appointment and the DVL determines that the DV claim is not substantiated, the participant will be required to participate in the engagement process, the DVL will post Action Code **13NF** (FS Special Assessment: No Issue Indicated) in NYCWAY and the participant’s ES code will change from **WE** to **WR**. The individual will then be made available for a future call-in by the FSE system.

Failure to keep
Special Assessment
Appointment

If the participant fails to keep the special assessment appointment, the DVL will post Action Code **13FF** (FS Special Assessment: Failed to Report) in NYCWAY and the participant's ES code will change from **WE** to **WR**. The individual will then be made available for a future call-in by the FSE system. No adverse action will occur for the participant's failure to keep the DV appointment.

If Referral Code **191N** has not been followed up by a posting of **13FI**, **13NF**, or **13FF** within 30 days of the posting of the **191N**, NYCWAY will auto-post Outcome Code **13XF** (FS Special Assessment: Expired). The participant's ES code will remain **WE** and will be reviewed at the participant's next recertification interview.

Participant claims a medical or mental health issue

If the participant claims that he/she is unable to work because of a medical or mental health problem, the participant is required to provide medical documentation to support the claim.

If the participant does not provide the medical documentation at the initial assessment, the employment vendor will schedule a return appointment in the FSE system and the **W-116CC** will print. The vendor will give the participant Form **W-116CC** and the Physician's Functional Assessment Form (**W-538**).

Revised **W-538** form

The **W-538** can be used to document the participant's medical or mental health limitations. The form has been revised to include the current HRA logo, to remove the field for the Social Security number, and to provide space on the reverse side of the form for the physician to add any additional relevant medical information.

If the participant chooses to submit Form **W-538** to document his/her claim, it must be completed and signed by the participant's physician. At the return appointment, the participant must provide documentation of his/her claim of medical or mental health issues.

If the participant provides documentation that he/she is unable to work because of a medical problem, the participant will be de-assigned from the vendor. The case will be placed on the "**Exclusion from Participation**" Worklist and a FS Worker at F25 will review the participant's ES code.

Participant claims he/she is needed at home

If the participant claims that he/she is needed at home to care for a sick or disabled household member, the participant is required to provide medical documentation from the physician of the sick or disabled household member.

If the participant does not document the claim at the initial assessment interview, the employment vendor will schedule a return appointment in the FSE system and the **W-116CC** will print. The vendor will give the participant Form **W-116CC** and the Family Care Assessment (**W-582A**) form.

Revised **W-582A** form

The **W-582A** form can be used to document the participant's claim to be needed at home to care for a sick or disabled household member. This form has been revised to include the current HRA logo and to remove the field for the Social Security number of the sick or disabled household member.

Although the Agency encourages the use of the **W-582A**, it is not required. The participant, however, has the option of submitting medical documentation from the physician of the sick or disabled household member verifying the need for in-home care that would be provided by the participant.

If the participant chooses to submit Form **W-582A** to document his/her claim, the form must be completed and signed by the physician of the sick or disabled household member. At the return appointment, the participant must provide documentation in order to be excluded from project participation.

If the participant provides documentation that he/she is needed at home, the participant will be de-assigned from the vendor. The case will be placed on the "**Exclusion from Participation**" Worklist and a FS Worker at F25 will review the participant's ES code.

Participant claims an alcohol or drug issue

If the participant claims that he/she is a regular participant in a substance abuse treatment program, the participant is required to provide documentation from the program that he/she is attending.

In order to be excluded from project participation, the participant must be enrolled in a treatment program that is licensed or certified by the Office of Alcoholism and Substance Abuse Services and engaged in the treatment program to an extent that renders an assignment to work activities impractical.

If the participant does not document the claim at the initial assessment interview, the employment vendor will schedule a return appointment in the FSE system and the **W-116CC** will print. The vendor will give the participant the **W-116CC**.

If the participant provides documentation from the treatment program that meets the criteria previously described, the participant will be de-assigned from the vendor. The case will be placed on the “**Exclusion from Participation**” Worklist and a FS Worker at F25 will review the participant’s ES code.

Participant claims a child under age 18 resides in the FS household

Households with children under 18 years of age are not required to participate in phase one.

If the participant claims that a child under 18 years of age resides in his/her FS household, the participant is required to verify the child’s age and residence. School records may be used to verify both the age and residence of the child.

If the participant does not document the presence of the child in the household at the assessment interview, the employment vendor will schedule a return appointment in the FSE system and the **W-116CC** will print. The vendor will give the participant the **W-116CC**.

If the participant verifies the presence of the child in the FS household, the participant will be de-assigned from the vendor. The case will be placed on the “**Exclusion from Participation**” Worklist and a FS Worker at F25 will review the participant’s household composition and ES code.

Employment vendor determines that the participant is unfit for employment due to an obvious disability

The employment vendor will indicate “Unable to Work – Disability Observed” in the FSE system and the participant will be de-assigned when it is evident to the vendor that the participant is unfit for employment or unable to work for at least 80 hours per month due to a physical or mental limitation. The case will be placed on the “**Exclusion from Participation**” Worklist and a FS Worker at F25 will review the participant’s ES code.

Participant claims to be a student

See [PB #09-87-ELI](#) for student eligibility criteria for FS.

If the participant claims that he/she is a student enrolled at least half time, the participant is required to provide documentation from the school or institution that he/she is attending.

In order to be excluded from participation in phase one, the participant must be enrolled at least half time (as defined by the school or institution) in any recognized school, training program, or institution of higher education. A student remains excluded during normal periods of school attendance, vacation, and recess.

If the participant does not provide documentation at the initial assessment interview, the employment vendor will schedule a return appointment in the FSE system and the **W-116CC** will print. The vendor will give the participant the **W-116CC**.

If the participant verifies that he/she is a student enrolled at least half time, the participant will be de-assigned from the vendor. The case will be placed on the “**Exclusion from Participation**” Worklist and a FS Worker at F25 will review the participant’s ES code and FS eligibility based on the criteria outlined in [PB #09-87-ELI](#).

Participant claims to receive UIB

If the participant claims to receive UIB, he/she must provide documentation from the NYS Department of Labor.

If the participant does not document the receipt of UIB at the assessment interview, the employment vendor will schedule a return appointment in the FSE system and the **W-116CC** will print. The vendor will give the participant the **W-116CC**.

If the participant verifies that he/she receives UIB, the participant will be de-assigned from the vendor. The case will be placed on the “**Exclusion from Participation**” Worklist and a FS Worker at F25 will review the participant’s unearned income and ES code.

Participant claims to be pregnant

If the participant claims that she is pregnant, she is required to provide medical verification.

If the participant does not document the pregnancy at the initial assessment interview, the vendor will schedule a return appointment in the FSE system and the **W-116CC** will print. The vendor will give the participant the **W-116CC**.

If the participant verifies the pregnancy (regardless of the month of pregnancy), she will be de-assigned from the vendor. The case will be placed on the “**Exclusion from Participation**” Worklist and a FS Worker at F25 will review the participant’s ES code.

Participant claims to be in a refugee training program

If the participant claims to be a refugee in a training program, the participant is required to verify that he/she is participating at least half time (as defined by the program) in a program that is approved or funded by the Federal Office of Refugee Resettlement.

If the participant does not provide documentation at the assessment interview, the employment vendor will schedule a return appointment in the FSE system and the **W-116CC** will print. The vendor will give the participant the **W-116CC**.

If the participant verifies that he/she is a refugee participating in a refugee training program at least half time, he/she will be de-assigned from the vendor. The case will be placed on the “**Exclusion from Participation**” Worklist and a FS Worker at F25 will review the participant’s ES code.

Food Stamp Employment Declaration

If, after a review of the issues that may exclude an individual from project participation, the employment vendor has determined that the participant should not be excluded, the vendor will proceed to ask the participant if he/she is currently employed.

Individuals employed part time are not included in phase one.

Participants who report and document a number of hours currently worked or an amount of income currently earned that is different from the information in WMS, will be excluded from project participation at this time and will be de-assigned from the vendor in the FSE system.

If the participant does not document a reported number of work hours or amount of earnings that differs from the information in WMS, the employment vendor will schedule a return appointment in the FSE system and the **W-116CC** will print. The vendor will give the participant the **W-116CC**.

If the participant verifies the change in employment hours/wages, the vendor will complete the Employment Declaration in the Assessment and the Food Stamp Employment Declaration (**W-100J**) form will print. Form **W-100J** must be signed by the participant and the vendor. The vendor will scan Form **W-100J** and the supporting documentation into the OneViewer. The employment vendor will give the participant the **W-100J**. The participant will be de-assigned, and the case will be placed on the “**Change in Hours/Wages**” Worklist for a Worker at F25 to review the participant’s budget and ES code.

If a participant has earned income budgeted on his/her FS case (in later phases of the FSE system call-in process) but informs the vendor and verifies that he/she is no longer employed, the vendor will annotate the loss of employment in the Assessment and the Loss of Employment Form (**W-100H**) will print. Form **W-100H** must be signed by the participant and the vendor.

The vendor will scan Form **W-100H** and supporting documentation into the OneViewer. The vendor will give the participant Form **W-100H**. The participant will be de-assigned and the case will be placed on the “**Change in Hours/Wages**” Worklist and a FS Worker at F25 will review the participant’s budget and ES code.

Note: While a participant will be temporarily excluded from participation in phase one, for any verified differences between the reported work hours or earnings and the hours or earnings listed in WMS, the participant must be employed a minimum of 30 hours per week or receiving weekly earnings of at least the federal minimum hourly wage times 30 to be exempt from the FSET requirements.

For later phases of the call-in-process, if a participant has earned income budgeted on his/her FS case and does not claim any changes in his/her hours/wages, the employment vendor will complete the Employment Declaration in the Assessment, assign the participant to work activities, and complete the Assessment.

For participants with no earned income listed in WMS and who are not reporting any current employment income, the vendor will assign the participant to work activities and complete the Assessment.

Employment History

During the assessment interview the participant will be asked if he/she is performing any “in-kind” work (work in exchange for goods and services). If the participant claims to have “in-kind” work hours, he/she will be asked to provide verification of the “in-kind” work.

If the participant provides verification of “in-kind” work hours, the employment vendor will complete the Claim of In-Kind Work section in the Assessment and the Claim of In-Kind Work (**W-100K**) form will print. Form **W-100K** must be signed by the participant and the vendor. The vendor will scan Form **W-100K** and any documentation provided by the participant into the OneViewer. The vendor will give the participant the **W-100K** form. The participant will be excluded from project participation and will be de-assigned from the vendor. The case will be placed in a pool to be reviewed at a later date.

If the participant does not provide verification of reported “in-kind” work hours at the initial assessment interview, the employment vendor will not give the participant a return appointment to provide it. The vendor will continue with the assessment interview and will inform the participant that he/she may submit documentation at any time in the future concerning “in-kind” work hours and only then can he/she be excluded from project participation.

Assessment to Determine Actual Work Assignment

If the participant has not been excluded from project participation, the FSE system will calculate the monthly amount of WEP and Job Search hours to be assigned. The employment vendor will determine the actual weekly schedule and the location of each assignment. The following rules guide the assignment of work related activities:

The combined monthly assigned hours in a WEP and Job Search assignment, when added to any monthly hours that the participant is currently employed, must not exceed 120 hours.

The combined monthly hours assigned to Job Search must be less than one half of the total monthly hours in all job-related activities. For example, an individual with a monthly requirement of 120 hours of work-related activities may be assigned to Job Search for up to a maximum of 59 hours per month.

The number of monthly hours assigned to a WEP may not exceed the value of the participant’s monthly FS grant divided by the higher of the state or federal minimum hourly wage. For example, if an individual receives a monthly FS grant of \$200 and the higher of the state or federal minimum hourly wage is \$7.25, divide \$200 by \$7.25 for a quotient of 27.59 ($\$200 \div \7.25). The calculation of maximum WEP hours that may be assigned is always rounded down to the nearest whole number. In this example the calculation of 27.59 hours is rounded down to a maximum of 27 WEP hours per month.

At the completion of the assessment interview, the employment vendor will generate the Food Stamp Employment (FSE) Employability Assessment (**W-100F**) form. Form **W-100F** contains the FS participant’s responses obtained during the assessment interview as well as any WEP or Job Search assignments that have been made for the participant.

Form **W-100F** is to be signed by both the participant and the employment vendor and given to the participant. The vendor will scan a signed copy of Form **W-100F** into the OneViewer.

In addition to Form **W-100F**, the Assignment Letter (**W-116BB**) will be generated by the employment vendor and given to the FS participant when a new work assignment is made.

The **W-116BB** letter informs the participant of the details of the work assignment(s), including the locations and weekly schedules of work activities and the number of hours. The vendor will scan the participant's signed copy of Form **W-116BB** into the OneViewer.

The employment vendor will be responsible for tracking the participant's compliance with work assignments. A participant who fails to report to an assignment, fails to cooperate with an assignment, or fails to complete a sufficient number of assigned monthly hours will have his/her case placed on either the "**Not Cooperating**" or the "**FSET Non-Compliance**" Worklist. The Worklists will be processed by FS Workers at F25.

The FSE system will track daily changes of ES codes in WMS for FSE participant enrollees. The De-assignment Letter (**W-100E**) will be generated and mailed by MIS to any FS participant assigned in the FSE system whose ES code has been changed in WMS from **WR** to either **WA** or **WE**. The **W-100E** letter informs participants that they have been de-assigned because of a change in their employability status. It further informs participants that they are not required to attend any of the employment activities previously assigned to them.

REQUIRED ACTION

Employability code determination

As part of the FS eligibility process, FS Workers are responsible for determining the work registration status for each FS applicant.

The work registration status must also be reviewed for all FS participants at recertification and at any time there is a reason to believe that a previous determination may have to be changed.

The determination of a participant's work registration status will result in the selection of one of the three following ES codes:

- WE** – NPA FS Work Registration Exempt;
- WA** – NPA FS Work Registration Required (ABAWD Exempt); or
- WR** – NPA FS Work Registration Required (ABAWD Required).

FS participants who are determined exempt from FSET requirements are to be assigned ES code **WE**. Participants determined exempt from FSET requirements are also exempt from ABAWD eligibility requirements. The exemptions to the FSET requirements are listed on page one of the Exemptions from Food Stamp Work Registration and the ABAWD Eligibility Requirements (**Attachment C**).

Participants who are subject to FSET requirements may also be subject to ABAWD eligibility requirements. Participants subject to both FSET and ABAWD requirements are assigned ES code **WR**.

FS participants who are subject to FSET requirements but are exempt from the ABAWD eligibility requirements are to be assigned ES code **WA**. The exemptions to the ABAWD eligibility requirements are listed on page two of **Attachment C**.

Participant Contacts the Food Stamp Center

If a participant receives a **W-116AA** appointment notice and contacts a FS Center Worker before the appointment date, the Worker must follow the steps below based on the participant’s circumstances:

Pre-appointment reschedules

- Unable to keep the appointment – instruct the participant to call the employment vendor to arrange for a new appointment.

Pre-appointment claim of exemption by telephone

- Claims to be exempt from the FSET requirements – tell the participant to bring documentation of his/her exemption to his/her appointment with the employment vendor.

Pre-appointment claim of exemption with documentation

- Participant brings documentation of a claimed exemption to the FS Center – change the participant’s ES code. The FSE system will view the change and will de-assign the participant.
- Participant comes to the FS Center but fails to provide documentation of a claimed exemption – tell the participant to bring documentation to his/her appointment with the vendor.

If the participant claims that he/she lost the appointment notice, the Worker can view the notice in the HRA Viewer.

Post-appointment claim of exemption with documentation

If the participant comes in to the FS Center after missing the appointment date, the Worker will check WMS to see if the Notice of Intent (NOI) has already been generated as a result of the missed appointment. If an NOI has already been generated, the Worker should follow the instructions for “NOI already generated”.

NOI not generated

If the NOI has not yet been generated and the participant has documentation to verify a claimed employment exemption, the Worker will change the participant's ES code. In addition, the Worker will access the FSE system and select "Exempt with Docs" for the participant on the Worklist Detail drop down menu. This entry will remove the case from the worklist and stop the NOI from being posted.

If the NOI has not yet been generated and the participant does not have documentation to verify a claimed employment exemption, the Worker will access the FSE system and select "Exempt / Pending Docs" for the participant on the Worklist Detail drop down menu. This entry will not remove the case from the worklist but will temporarily stop the NOI from being generated.

The Worker will give the participant the Participant Request for Review of Employability Status (**W-532E**) form. The Worker will enter a return date of ten calendar days for the participant to return the required documentation. Form **W-532E** is to be signed by the participant as verification that he/she has received a copy of the request to review his/her employability status. The Worker will scan a signed copy of Form **W-532E** into the OneViewer. Form **W-532E** has been revised to include the current HRA logo and to conform to Agency standards.

Revised Form **W-532E**

If the participant claims to be exempt for medical reasons, also give him/her Form **W-538**. If the participant claims to be exempt because he/she is needed at home, give him/her Form **W-582A**. While the Agency encourages the use of the **W-538** or the **W-582A**, the participant may provide other medical documentation.

If the participant returns the required documentation to verify the claimed employment exemption, the Worker will change the participant's ES code and change the participant's status in the FSE system to "Exempt with Docs" on the Worklist Detail drop down menu.

Failure to return documentation of employment exemption.

If the participant fails to return the required documentation to verify the claimed employment exemption, the case will remain in the "Exempt Pending Docs" status in the FSE system. Cases that remain in that status for over 14 calendar days will be processed with an employment sanction by a FS Worker at F25.

If the participant comes in and does not document the claimed employment exemption but states that he/she is now willing to comply with the FSET requirements, refer the participant to the Service Worker.

Missed appointment or not cooperating – NOI not yet generated

If a participant who is not claiming an employment exemption (or who is unable to provide verification of a claimed employment exemption) has already missed an appointment with the employment vendor or failed to cooperate with the vendor, but has not yet received the NOI, instruct the participant to see the Service Worker. The Service Worker will access the client search option in the FSE system and check the “**No Show**” or “**Not Cooperating**” Worklists to determine if the NOI was generated.

Willing to comply

If the NOI has not yet been generated, and the participant informs the Service Worker that he/she is willing to comply with the FSET requirements, the Service Worker will select “Willing to Comply” on the Worklist detail drop down menu in the FSE system. This will remove the case from the worklist and result in the participant’s case being put back in the call-in pool.

If documentation is submitted by mail or fax, the Mail and Processing Unit (MPU) Worker will check to see if the NOI was generated.

NOI Already Generated

If the participant has already received the NOI for missing an appointment or failing to cooperate with the employment process, the Worker should follow the instructions below:

Model Centers

The Front Door Reception (FDR) Receptionist must issue the participant a **NCA-Conference** ticket which directs the participant to the NCA FS area. The NCA FS Receptionist will alert the NCA General Service Worker to see the participant.

The Supervisor will determine if the participant is willing to comply with the FSET requirements. If the participant is willing to comply, the Supervisor will stop the adverse action by completing the Fair Hearing/Case Update Data Entry Form ([LDSS-3722](#)) and selecting Fair Hearing code **1** (client has settled in conference).

If the participant submits documentation to verify that he/she is exempt from the FSET requirements, the Supervisor will stop the adverse action by completing the **LDSS-3722** as described above and change the participant’s ES code in WMS. However, if the participant becomes exempt from the FSET requirements during the sanction period, **and provides documentation of the exemption**, the sanction must be lifted.

Non Model Centers

The Receptionist will alert the Supervisor to see the participant. The Supervisor will follow the same instructions listed above for determining if the participant is willing to comply or is exempt from the FSET requirements.

Noncompliance

The FSE system will register a noncompliance if a participant fails to meet his/her monthly engagement hour requirements as indicated by the monthly hours the vendor inputs on the Actual Hours Entry screen. The vendor has from the 1st through the 15th of each month to enter the monthly hours for the previous month for all participants. Once the hours are submitted, the FSE system will de-assign participants whose monthly hours do not total 120 and place them on the “**FSET Non-Compliance**” Worklist.

For example: A participant was scheduled to be engaged for a total of 120 hours in January 2010 but completed only 95 hours. The employment vendor enters the corresponding WEP and job search hours that the participant completed on the Actual Hours Entry screen. The FSE system indicates that the participant is deficient for 25 hours. The participant reports to the NCA FS Center to contest the pending or completed adverse action.

The NCA FS Service Worker will go into the FSE system to determine the number of hours that the participant was engaged in work activities. If the information in the FSE system matches the information on the Client Notices System (CNS) notice, the Service Worker will refer the participant back to the employment vendor for verification of the number of hours worked.

If the adverse action is still clocking down and the participant submits documentation to verify that he/she was in compliance with the program requirements, the Supervisor will stop the adverse action by completing the [LDSS-3722](#). If the adverse action has already occurred, have a FS Worker restore the case to its prior status.

Worklist processing

The FSE system contains the following worklists that will need to be reviewed by designated FS Workers at F25 for follow-up actions:

- No Show;
- Not Cooperating;
- FSET Non-Compliance;
- Exclusion From Participation;
- Changes in Hours/Wages;
- Not WR; and
- Questionable Data.

The worklists above will be reviewed on a daily basis by FS Workers at F25. See **Attachment B** for worklist processing instructions.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

Designated FS Workers at Center F25 will process any required case actions through FS POS.

Food Stamp Implications

A nonexempt individual who fails to comply with FSET requirements on a single-person case will have his/her FS case closed. If the individual is part of a multi-person household, his/her line will be closed and the household's FS budget will be reduced accordingly.

Participants who fail to comply with FSET requirements are subject to durational sanctions. Once the sanction period has begun, it cannot be shortened by compliance. However, if the participant becomes exempt from FSET requirements during the sanction period, and provides documentation of the exemption, the sanction must be lifted.

Medicaid Implications

FSET requirements do not apply to Medicaid eligibility.

LIMITED ENGLISH SPEAKING ABILITY (LESA) AND HEARING IMPAIRED IMPLICATIONS

For Limited English-Speaking Ability (LESA) and hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #10-12-OPE](#) and [PD #08-20-OPE](#).

FAIR HEARING IMPLICATIONS

Avoidance/ Resolution

Work-Required participants who have been sanctioned for failure to comply with FSET requirements may request a Fair Hearing.

Make every effort to ensure that the adverse action is appropriate and that the participant is given an opportunity for a conference.

Conferences

If a participant comes to the FS Center and requests a conference, the Receptionist must alert the NCA FS Center Manager's designee that the participant is to be seen. In Model Centers, the Receptionist at Main Reception will issue a FS Conf/Appt/Problem ticket to the participant to route him/her to the NCA Reception area and does not need to verbally alert the NCA FS Center Manager. The NCA Receptionist will alert the NCA FS Center Manager once the participant is called to the NCA Reception desk.

The NCA FS Center Manager's designee will listen to and evaluate the participant's complaint regarding his/her failure to comply with FSET requirements. The designee is responsible for determining if good cause exists for the participant's failure to comply with FSET requirements. In determining whether or not good cause exists, the designee must consider all the facts and circumstances including any information submitted by the participant. Good cause includes but is not limited to circumstances beyond the participant's control, such as illness of the participant or a family member, or a household emergency.

After reviewing the information provided by the participant, the information listed in the FSE system, and the electronic case record, the designee will make a decision. The designee will decide to resolve or defend the adverse action based on all factors and on whether the case was closed or reduced correctly.

If the participant has complied with the specific requirement listed on the NOI before the end of the NOI period, the designee will stop the adverse action by processing an SIC.

The NCA FS Center Manager's designee is responsible for ensuring that further appeal by the applicant/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 Evidence Packets must contain relevant copies of appointment notices, assignment letters, employment declarations, and employment assessments.


REFERENCES[NYS TA and FS Employment Policy Manual](#)

7 USC 2015(d)

7 CFR 273.7

7 CFR 273.24

RELATED ITEMS[PB #09-87-ELI](#)[PB #09-86-OPE](#)[PB #09-21-OPE](#)**ATTACHMENTS**

 Please use Print on Demand to obtain copies of forms.

Attachment A	FSE System
Attachment B	FSE Worklist Processing
Attachment C	Exemptions from Food Stamp Work Registration and the ABAWD Eligibility Requirements
W-100C	Exclusion From Project Participation Form (Rev. 4/23/10)
W-100C (S)	Exclusion From Project Participation Form (Rev. 4/23/10) (Spanish)
W-100E	De-assignment Letter
W-100E (S)	De-assignment Letter (Spanish)
W-100F	Food Stamp Employment (FSE) Employability Assessment
W-100F (S)	Food Stamp Employment (FSE) Employability Assessment (Spanish)
W-100H	Loss of Employment Form
W-100H (S)	Loss of Employment Form (Spanish)
W-100J	Food Stamp Employment Declaration
W-100J (S)	Food Stamp Employment Declaration (Spanish)
W-100K	Claim of In-Kind Work
W-100K (S)	Claim of In-Kind Work (Spanish)
W-116AA	Mandatory Appointment Notice to Employment Vendor (Non Cash Assistance Food Stamp Participant)
W-116AA (S)	Mandatory Appointment Notice to Employment Vendor (Non Cash Assistance Food Stamp Participant) (Spanish)
W-116BB	Assignment Letter
W-116BB (S)	Assignment Letter (Spanish)
W-116CC	Mandatory Return Appointment Notice to Employment Vendor (Non Cash Assistance Food Stamp Participant)

- W-116CC (S)** Mandatory Return Appointment Notice to Employment Vendor (Non Cash Assistance Food Stamp Participant) (Spanish)
- W-532E** Participant Request for Review of Employability Status (Rev. 4/23/10)
- W-532E (S)** Participant Request for Review of Employability Status (Spanish) (Rev. 4/23/10)
- W-538** Physician’s Functional Assessment Form (Rev. 4/23/10)
- W-538 (S)** Physician’s Functional Assessment Form (Spanish) (Rev. 4/23/10)
- W-582A** Family Care Assessment (Rev. 4/23/10)
- W-582A (S)** Family Care Assessment (Spanish) (Rev. 4/23/10)

FSE System

HRA Home - Microsoft Internet Explorer provided by Human Resources Administration

File Edit View Favorites Tools Help Back Forward Stop Home Search Favorites Refresh Print Mail Stop Taskbar Help

Address http://hrawebapps/HRAintranet/CMT_page_template.cfm?page_id=125 Go

NYC
Human Resources Administration
Department of Social Services

Tuesday, July 07, 2009 - 12:39 PM HOME | SITE ADMIN | SITE MAP | HELP | SEARCH |

Commissioner's Office
OSR (Personnel)
Communications
Equal Employment Opportunity
Staff Directory
HRA McMillan Library
Staff Event Calendar
Photo Gallery
News Archives

Program Applications
HRA Forms
Program Reports
Facts & Statistics
Job Center Locations
Food Stamp Center Locations
NYC Bus, Street & Subway Maps
HRA Policies & Procedures
HRA Docs
HRA One Viewer

What's New at HRA

 **An HRA "Institution" Retires after 47 Years**
Burton Blaustein, Deputy Commissioner of the Office of Constituent and Community Affairs, and a legend at HRA, retired on June 30, 2009.
[Read More.](#)

 **Give Blood, Give Life**
Sign-up to donate blood at any of HRA's locations during the month of July and entered in a special raffle to win two general tickets to the Brooklyn Cyclones game on July 26th game assistance.
[Read More.](#)

 **Commissioner Doar's Traveling Forum**
This summer, Commissioner Doar is holding his annual forum, traveling to various sites and meeting with staff at their work locations and discussing accomplishments of the last year and the agency's future direction. You can read Commissioner Doar's presentation and responses to questions that have been asked during the forum. Questions and answers will be updated frequently, so please check back. You can email your own questions to Commissionersforum@hra.nyc.gov and will receive responses within a few weeks.
[Read Commissioner Doar's Presentation.](#)
[Read More.](#)

 **Commissioner Robert Doar**

Resources

[Download News from the Press Digest](#)

Legislative Affairs
[HRA Legislative updates](#)

Local intranet

Click Here

- 1) Access the HRA Intranet;
- 2) Click on "Program Applications"

FSE Log-In Process

Monday, April 12, 2010 - 01:51 PM

HOME | SITE ADMIN | SITE MAP | HELP | SEARCH

Commissioner's Office

OSR (Personnel)

Communications

Equal Employment Opportunity

Staff Directory

HRA McMillan Library

Staff Event Calendar

Program Updates

Photo Gallery

News Archives

Download In-House & Perspective Report Fraud to BFI Featured Links

► NYC.gov

► HRA on NYC.gov

► CITYshare

► NYS Dept. of Health

► Business Link

Applications

The following is a list of web based applications used throughout the agency. Only authorized users have access to them:

- ACEE - Automated Child Care Eligibility and Enrollment
- Agency Overtime Management System
- Alerts
- Alerts - Undercare
- APS CIMS - Case Information Management System
- APS Helpdesk - Report User Problems
- Approved Training Programs
- Assisted Living Program System
- Automated Metrocard Issuance System - Production Version
- Automated Metrocard Issuance System - Training Version
- BEV Metrocard Issuance System
- BORIS - Bureau of Reconciliation and Control Integrated Systems
- Bureau of Fraud Investigation Tracking System
- Bureau of Telecommunications Services TAMS Pilot
- CALL CENTER Management System
- CASA Tracking System
- Claim Budgeting Forms
- Client Reimbursement System - CRS
- Comprehensive Personnel System
- Data Collection
- DARB - Payment Return System
- Data Warehouse
- DSP - Disability Services Program
- DSP - Disability Services Program - Imaging System
- DRFP Case Tracking System
- DVPHA/DOPIS Provider - Resident Tracking System (APS)
- EBT ADMIN Screen
- EDITS Medicaid Renewal System
- Eligibility Data and Image Transfer System (EDITS)
- Energy Assistance On Line
- FacilityFocus On-Line Reporting
- Fair Hearing Electronic Evidence Management System - FHEMS
- FCAP Tracking System
- FE Tracking System
- FIA Human Resources Information System (HRIS)
- FIA IVRS Telephone Recert Reporting System
- FIA Welfare to Work - Timekeeping
- Financial Disclosure
- Finance Net
- Hyer Interviewer
- Food Stamp Employment System
- HRA Helpdesk - BTL Issuance System

Local intranet

Start | Inbox - Microsoft O... | For Review: Project... | 2730 Transmittal.do... | Application - Micr... | Microsoft PowerPain... | 1:51 PM

1) Click on "Food Stamp Employment System"

FSE Log-In Process



NYC Human Resources Administration
Food Stamp Employment and Training System

Login

Already have a User ID and Password? please sign in below

User ID:

Password:

[NYC.gov Home Page](#) | [Privacy Statement](#)

© City of New York, HRA

Enter: Autotime ID

Enter: Created Password

Click the "Enter" button

FSE Log-In Process

NYC Human Resources Administration Department of Social Services

Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) [Help](#) [Log Out](#)

[WORKLISTS](#)

[CLIENTS](#)

Click here for "Worklists" screen

Click here for "Client Search" screen

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Page 4 of 21

Client Search Options

The screenshot shows the 'Food Stamp Employment System' interface. On the left, there are navigation links for 'WORKLISTS' and 'CLIENTS'. The main area is titled 'Client Search' and contains four radio button options: 'Case No.', 'Name', 'SSN', and 'Appointment Date'. Each option is circled in a callout box with a blue background and white text. The 'Case No.' callout says 'Click here to search by case number'. The 'Name' callout says 'Click here to search by name'. The 'SSN' callout says 'Click here to search by Social Security number'. The 'Appointment Date' callout says 'Click here to search by appointment date'. Each callout also points to the corresponding radio button in the form. The form includes input fields for 'Case #', 'Line #', 'First Name', 'Last Name', and 'SSN#', and a 'Search' button.

Client Search Options

NYC Human Resources Administration Department of Social Services

Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Help Log Out

WORKLISTS

CLIENTS

Client Search

Case No Name SSN Appointment Date Food Stamp Site

* FS Site : ---- Select Item ----

Search

- F02
- F03
- F14
- F15
- F19
- F20
- F21
- F23
- F25
- F26

Click here to search by Food Stamp Center

Client Details Screen

Click here to access the "Client Details" screen

NYC Human Resources Administration Department of Social Services

Food Stamp Employment System

Welcome Fstrainer to Worker(FS WORKER) Help Log Out

WORKLISTS CLIENTS

Client Details Appointments Assessment Assigned Hours Employment Declaration Notes

Client Name: [REDACTED] SSN: XXX-XX-XXXX Vendor Site: QA1 FS Site: F02
 Sex: F Date of Birth: 02/27/1973 Case #: 00011140083E Line #: 01
 Individual Status: NOT COOPERATING

Client Info

Address: 357 9TH ST, BKLYN NY 11215
 Phone:
 ES Code: WR
 WMS Status: 07

Last Appointment

Type: Return Appointment
 Date: 07/07/2009
 Time: 01:00 P.M.
 No of Reschedules: 0

Client Status

Status: NOT COOPERATING
 Status Last Modified By: TVENDORONE
 Status Last Modified Date: 06/22/2009
 FSET Compliance Status: Not Available
 Next Recertification: 06/01/2009

Not Cooperating

WR Case Composition

Case No	Line No	Last Name	First Name	ES Code	Status	Earned Income	Reported Work Hours
00011140083E	01	AMARAL	ELIZABETH	WR	07	\$0.00	0

Status Change History

Status	Vendor Site	FS Site	Created By	Created Date
ACTIVE	QA1	F02	MASO3962	06/30/2009
NOT COOPERATING	QA1	F02	TVENDORONE	06/22/2009
SCHEDULED	QA1	F02	SYSTEM	05/06/2009

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Client Appointments Screen

Click here to access the
“Appointments” screen

FSSES :: - Microsoft Internet Explorer provided by Human Resources Administration

File Edit View Favorites Tools Help

Address http://rs2k5dev15mtca/TEST/FSEmpServices/FSAppointments.aspx?btn=appointment&btnleft=clients

NYC Human Resources Administration
Department of Social Services

Food Stamp Employment System

Income Fstrainertwo Worker(FS WORKER) Environment: TEST Help Log Out

Client Details **Appointments** Assessment Assigned Hours Employment Declaration Notes

Client Name: Akba SSN: XXX-XX-9321 Vendor Site: QA1 FS Site: F02
 Sex: M Date of Birth: 05/10/1981 Case #: 00011357083C Line #: 01
 WMS Individual Status: Assigned

Scheduled Appointment

Appt. Type: Return Appointment Appt. Date: 06/03/2009 Appt. Time: 11:00 A.M. No. of Reschedules: N/A

[Reschedule](#)

Appointment History

Appointment Type	Appointment Date	Appointment Time	No. of Reschedules	Reason	Vendor Site	Created By
Return Appointment	06/03/2009	11:00 A.M.	N/A	Pregnant	QA1	TVENDORONE
Reschedule	06/03/2009	01:00 P.M.	4	Coke	QA1	TVENDORONE
Reschedule	06/12/2009	11:00 A.M.	3	Household Emergency	QA1	TVENDORONE
Reschedule	06/15/2009	08:30 A.M.	2	Jury Duty	QA1	TVENDORONE
Reschedule	06/16/2009	01:00 P.M.	1	Medical	QA1	TVENDORONE
Initial	05/04/2009	08:30 A.M.	0		QA1	system

Client Assessment Screen

Click here to access the
“Assessment” screen

Microsoft Internet Explorer provided by Human Resources Administration

Address: http://rs2k5dev15mtca/TESTFSEmpServices/FSESPreAssessment.aspx?btn=assessment&activeTab=1&btnle

NYC
Human Resources Administration
Department of Social Services

Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Environment: TEST Help Log Out

WORKLISTS Client Details Appointments **Assessment** Assigned Hours Employment Declaration Notes

CLIENTS

Client Name: [REDACTED] SSN: XXX-XX-[REDACTED] Vendor Site: QA1 FS Site: F02
 Sex: M Date of Birth: 05/10/1981 Case #: 00011357083C Line #: 01
 WMS Individual Status : Assigned

Pre-assessment Employment Declaration Employment History Education/Training Special Circumstances Tab Score Assigned Hours

Assessment Type
 Type of Assessment: INITIAL

Exemptions to Employment

Special Assessment Issue? *	<input type="radio"/> Yes <input type="radio"/> No	Alcohol / Drug Issue? *	<input type="radio"/> Yes <input type="radio"/> No
Medical / Mental Health Issue? *	<input type="radio"/> Yes <input type="radio"/> No	Child under 18 added to household? *	<input type="radio"/> Yes <input type="radio"/> No
Needed at Home Claimed? *	<input type="radio"/> Yes <input type="radio"/> No	Unable to Work - Disability Observed? *	<input type="radio"/> Yes <input type="radio"/> No
FT student (> 19 hrs/week) within 30 days? *	<input type="radio"/> Yes <input type="radio"/> No	Receiving Unemployment Insurance Benefits? *	<input type="radio"/> Yes <input type="radio"/> No
Pregnant? *	<input type="radio"/> Yes <input type="radio"/> No		

Verification of WMS Hours and Wages

Is Client currently Employed? *	<input type="radio"/> Yes <input type="radio"/> No
Is Client currently working 0 hours per month as last reported to FS Worker? *	<input type="radio"/> Yes <input type="radio"/> No
Is Client's monthly earned income currently \$0.00 as last reported to FS Worker? *	<input type="radio"/> Yes <input type="radio"/> No
Does Client have valid employment documentation? *	<input type="radio"/> Yes <input type="radio"/> No
Job Start Date *	<input type="text"/>

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Local intranet

Client Assigned Hours Screen

Click here to access the "Assigned Hours" screen

Microsoft Internet Explorer provided by Human Resources Administration

Address: http://rs2k5dev15mtca/TESTFSEmpServices/FSESAssignedHoursExternal.aspx?btn=ass_hours&btnleft=cli



Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Environment: TEST Help Log Out

WORKLISTS: Client Details | Appointments | Assessment | **Assigned Hours** | Employment Declaration | Notes

CLIENTS

Client Name:	SSN:	XXX-XX-XXXX	Vendor Site:	QA1	FS Site:	F02	
Sex:	M	Date of Birth:	05/10/1981	Case #:	00011357083C	Line #:	01
WMS Individual Status : Assigned							

Assignments not permitted.

Work (Wms and In-Kind) hours per month


Reported WMS Hours : 0

In-Kind Hours : 0

WEP Hours

Required WEP Hours (Calculated by System): 0

WEP Site *

Start Date * 

WEP Schedule	MON	TUE	WED	THU	FRI	SAT	SUN
FROM :	--	--	--	--	--	--	--
TO :	--	--	--	--	--	--	--

Job Search Hours

Required Job Search Hours (Calculated): 0

Job Search Site *

Start Date * 

Job Search Schedule	MON	TUE	WED	THU	FRI	SAT	SUN
FROM :	--	--	--	--	--	--	--
TO :	--	--	--	--	--	--	--

Summary of Hours

WMS Hours: 0

Effective Date

Effective Date:

Client Employment Declaration Screen

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Address: http://rs2k5dev15mtca/TESTFSEmpServices/FSESEmpDeclarationExternal.aspx?btn=emp_dec&btnleft=clients

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Department of Social Services

Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Environment: TEST Help Log Out

WORKLISTS Client Details Appointments Assessment Assigned Hours **Employment Declaration** Notes

CLIENTS

Client Name:	SSN:	XXX-XX	Vendor Site:	QA1	FS Site:	F02	
Sex:	F	Date of Birth:	09/13/1989	Case #:	00011282861B	Line #:	02
WMS Individual Status : Change In Hours / Wages							

Food Stamp Employment Declaration

Job Start Date	7/1/2009
Date Reported	7/1/2009
Date of 1st Pay	7/13/2009
Hours Reported	10
Wage(\$)	20
Wage Frequency	Monthly
Job Title	Child care
Documentary Evidence	Pay Stub(s)
How Reported	Mail
Employer	asdf
Employer Address	asdf
City	asdf
State	NH
Zip	14521
Employer Main Phone	718-852-5656
Work Site	
Work Site Address	
City	
State	- Select -

Click here to access the "Employment Declaration" screen

Done Local intranet

Client Notes Screen

Click here to access the "Notes" screen

Microsoft Internet Explorer provided by Human Resources Administration

Address: http://rs2k5dev15mtca/TESTFSEmpServices/FSENotes.aspx?btn=notes&btnleft=clients

NYC Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Environment: TEST Help Log Out

WORKLISTS: Client Details | **Appointments** | Assessment | Assigned Hours | Employment Declaration | **Notes**

CLIENTS

Client Name:	SSN:	XXX-XX-	Vendor Site:	QA1	FS Site:	F02
Sex: M	Date of Birth:	05/10/1981	Case #:	00011357083C	Line #:	01
WMS Individual Status : Assigned						

Notes

Note *

Added by : FSWORKER2 Added Date : 07/17/2009

Save Cancel

Notes History

No Notes History Exists.

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Worklists Screen

Worklists - Microsoft Internet Explorer provided by Human Resources Administration

File Edit View Favorites Tools Help

Address http://rs2k5dev15mtca/TESTFSEmpServices/FSESWorklist.aspx?btn=default&btnleft=FSWorker_WORKLISTS

NYC Human Resources Administration Department of Social Services

Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Environment: TEST Help Log Out

WORKLISTS

CLIENTS

Search Criteria

Select List * -Select- -Select- No Show Not Cooperating

Status Change Date From To

Search

Click here to access the "Worklists" screen

Click here to access a specific worklist

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Local intranet

No Show Worklist – By Center

Worklists - Microsoft Internet Explorer provided by Human Resources Administration

File Edit View Favorites Tools Help

Address http://rs2k5dev15mtca/TESTFSEmpServices/FSESWorklist.aspx?btn=default&btnleft=FSWorker_WORKLISTS Go

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Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Environment: TEST Help Log Out

WORKLISTS

CLIENTS

Search Criteria

Select List *

Status Change Date From To

FS Site

- All
- F02
- F03
- F14
- F15
- F19
- F20
- F21
- F23
- F25
- F26

Click here to select a worklist by Food Stamp Center

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No Show Worklist – By Center Results

Click here to update status information

Worklists - Microsoft Internet Explorer provided by Human Resources Administration

File Edit View Favorites Tools Help

Address http://rs2k5dev15mtca/TESTFSEmpServices/FSEWorklist.aspx?btn=default&btnleft=FSWorker_WORKLISTS

Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Environment: TEST [Help](#)

WORKLISTS

CLIENTS

Search Criteria

Select List *

Status Change Date From To

FS Site

List of Clients With " No Show " Status (Count: 1816)

Last Name	First Name	Case #	Line #	Date of Appointment	Vendor Site	FS Site	Status Date	Outcome	NOI Sent	
		00011		04/01/2009 03:00 P.M.	QA2	F02	04/09/2009	None	No	Edit
		00011		04/01/2009 03:00 P.M.	QA2	F02	04/09/2009	None	No	Edit
		00011		04/01/2009 03:00 P.M.	QA2	F02	04/09/2009	None	No	Edit
		00011		04/01/2009 03:00 P.M.	QA2	F02	04/09/2009	None	No	Edit
		00011		04/01/2009 03:00 P.M.	QA2	F02	04/09/2009	None	No	Edit
		00011		04/01/2009 03:00 P.M.	QA2	F02	04/09/2009	None	No	Edit
		00011		04/01/2009 03:00 P.M.	QA2	F02	04/09/2009	None	No	Edit
		00011		04/01/2009 03:00 P.M.	QA2	F02	04/09/2009	None	No	Edit
		00011		04/01/2009 09:00 A.M.	QA1	F02	04/09/2009	None	No	Edit
		00011		04/01/2009 09:00 A.M.	QA1	F02	04/09/2009	None	No	Edit

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[Export To Excel](#)

1 2 3 4 5 6 7 8 9 10 ...

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Done Local intranet

Exempt with Docs Outcome Action

Worklists - Microsoft Internet Explorer provided by Human Resources Administration

Address http://rs2k5dev15mtca/testfsempservices/FSWorklist.aspx?btn=default&btnleft=FSWorker_WORKLISTS#

NYC Human Resources Administration Department of Social Services

Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Help Log Out

WORKLISTS

Search Criteria

Select List *

Status Change Date From To

FS Site

Worklist Detail

Outcome:

Notes:

Worklist History

No Worklist History Exists.

Status	Date	Outcome	NOI Sent	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	
5/06/2009	None	No	Edit	

Outcome: Exempt with Docs selected.

01	05/11/2009	QA1	F02	05/06/2009	None	No	Edit
01	05/12/2009	QA1	F02	05/06/2009	None	No	Edit

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1 2 3 4 5 6 7 8 9 10 ...

Exempt with Docs Outcome Action

Worklists - Microsoft Internet Explorer provided by Human Resources Administration

Address http://rs2k5dev15mtca/testfsempservices/FSWorklist.aspx?btn=default&btnleft=FSWorker_WORKLISTS#

NYC
Human Resources Administration
Department of Social Services

Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Help Log Out

WORKLISTS

CLIENTS

Search Criteria

Select List *

Status Change Date From 04/01/2009 To 07/31/2009

FS Site

Search

Worklist Detail

Outcome: Exempt with Docs Exemption Type: Medical / Mental Health Issue

Notes: Participant missed appointment at vendor, but claims exemption from work requirements due to a medical condition. Participant submitted documentation to verify.

Save Cancel

No Worklist History Exists.

Status Date	Outcome	NOI Sent	
5/06/2009	None	No	Edit
5/06/2009	None	No	Edit
5/06/2009	None	No	Edit
5/06/2009	None	No	Edit

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Done Local intranet

Notes: Worker is always required to make an entry in this field.

Click on **Save** button to save this action.

Exemption Type: field appears. Medical/Mental Health Issue is selected.

Exempt/Pending Docs Outcome Action

Worklists - Microsoft Internet Explorer provided by Human Resources Administration

Address: http://rs2k5dev15mtca/testfsempservices/FSWorklist.aspx?btn=default&btnleft=FSWorker_WORKLISTS#

NYC
Human Resources Administration
Department of Social Services

Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Help Log Out

WORKLISTS
CLIENTS

Search Criteria
Select List *
Status Change Date From: 04/01/2009 To: 07/31/2009
FS Site

Worklist Detail
Outcome: Exempt / Pending Docs Exemption Type: Needed at Home Claimed?
Notes: Participant missed his appointment at the vendor. Participant claims that he is needed at home due to his wife's recent heart surgery. He did not submit documentation to support this claim.
Save Cancel

Worklist History

Case No	Line No	Outcome	Exemption Type	Created By	Created Date
00000429204B	01	Pending Docs	Needed at Home Claimed	FSWORKER2	7/2/2009 4:55:32 PM

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1 2 3 4 5 6 7 8 9 10 ...

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Local intranet

View worklist history information

Willing to Comply Outcome Action

Worklists - Microsoft Internet Explorer provided by Human Resources Administration

File Edit View Favorites Tools Help

Address http://rs2k5dev15mtca/TESTFSEmpServices/FSWorklist.aspx?btn=default&btnleft=FSWorker_WORKLISTS#

NYC Human Resources Administration Department of Social Services

Food Stamp Employment System

Welcome Fstrainertwo Worker(FS WORKER) Environment: TEST Help Log Out

WORKLISTS

CLIENTS

Search Criteria

Select List *

Status Change Date From: 03/15/2009 To: 07/17/2009

FS Site

Search

Worklist Detail

Outcome: Willing to Comply

Notes: Ms. Joseph stated that she missed her scheduled appointment with vendor due to a dentist appointment. She states that she is willing to comply.

Save Cancel

Worklist History

No Worklist History Exists.

Status	Date	Outcome	NOI Sent	Edit
	4/09/2009	None	No	Edit
	4/09/2009	None	No	Edit
	4/09/2009	None	No	Edit
	4/09/2009	None	No	Edit
	4/09/2009	None	No	Edit
	4/09/2009	None	No	Edit
	4/09/2009	None	No	Edit
	4/09/2009	None	No	Edit
	4/09/2009	None	No	Edit
	4/09/2009	None	No	Edit

JACOBS	DARNELL	00011151609C	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	None	No	Edit
JOSEPH	PATRICE	00011151803B	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	None	No	Edit

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1 2 3 4 5 6 7 8 9 10 ...

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No Show Worklist – F25

Worklists - Microsoft Internet Explorer provided by Human Resources Administration

Address: http://rs2k5dev15mtca/TESTFSEmpServices/FSEWorklist.aspx?btn=default&btnleft=F25_WORKLISTS

NYC Human Resources Administration Department of Social Services

Food Stamp Employment System

Welcome F Twenty Five Worker(F25 WORKER) Environment: TEST Help Log Out

CLIENTS
WORKLISTS

Search Criteria

Select List*: No Show

Status Change Date From: 04/01/2009 To: 07/07/2009

FS Site: F02

Search

List of Clients With " No Show " Status (Count: 1790)

Last Name	First Name	Case #	Line #	Date of Appointment	Vendor Site	FS Site	Status Date	NOI Sent
[Redacted]	[Redacted]	00011	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	<input type="checkbox"/>
[Redacted]	[Redacted]	00011	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	<input type="checkbox"/>
[Redacted]	[Redacted]	00011	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	<input type="checkbox"/>
[Redacted]	[Redacted]	00011	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	<input type="checkbox"/>
[Redacted]	[Redacted]	00011	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	<input type="checkbox"/>
[Redacted]	[Redacted]	00011	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	<input type="checkbox"/>
[Redacted]	[Redacted]	00011	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	<input type="checkbox"/>
[Redacted]	[Redacted]	00011	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	<input type="checkbox"/>
[Redacted]	[Redacted]	00011	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	<input type="checkbox"/>
[Redacted]	[Redacted]	00011	01	04/01/2009 09:00 A.M.	QA2	F02	04/09/2009	<input type="checkbox"/>

Export To Excel

Submit

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Local intranet

F25 Worker will select "NOI Sent" after processing an employment sanction

Exclusion From Participation Worklist – F25

Worklists - Microsoft Internet Explorer provided by Human Resources Administration

Address http://rs2k5dev15mtca/TESTFSEmpServices/FSESWorklist.aspx?btn=default&btnleft=F25_WORKLISTS

NYC Human Resources Administration Department of Social Services

Food Stamp Employment System

Welcome F Twenty Five Worker(F25 WORKER) Environment: TEST Help Log Out

CLIENTS

WORKLISTS

Search Criteria

Select List * Exemption to Employment

Status Change Date From 3/19/2009 To 7/17/2009

FS Site All

Search

List of Clients With " Exemption To Employment " Status (Count: 22)

Last Name	First Name	Case #	Line #	Exemption to Employment Reported	Status Date	Vendor Comments	Vendor Site	FS Site	Approved	
B	N	00011	01	FT Student	05/26/2009	dbshjsag	QA1	F02	-Select Item-	Save
						uuuu	QA2	F02	Select Item- YES NO	Save
							QA1	F02	-Select Item-	Save
							QA1	F02	-Select Item-	Save
							QA1	F02	-Select Item-	Save
							QA1	F02	-Select Item-	Save
							QA1	F02	-Select Item-	Save
							QA1	F02	-Select Item-	Save
							QA1	F02	-Select Item-	Save

1 2 3

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Local intranet

- F25 Worker will review the documentation in the HRA OneViewer for accuracy.
- If accurate, click “YES” and ensure that the ES Code is changed in WMS.
- If not accurate, click “NO”; do not change the ES Code.

Note: The individual will be removed from the worklist in both instances.

FSE Worklist Processing

No Show, Not Cooperating and FSET Non-Compliance Worklists

A work registrant who fails without good cause to comply with a Food Stamp Employment and Training (FSET) program requirement is ineligible to participate in the Food Stamp (FS) program. Individuals who fail to comply with an FSET program requirement will appear on a “No Show”, “Not Cooperating”, or “FSET Non-Compliance” Worklist in the FSE system.

When the designated Worker at Center F25 accesses the “No Show”, “Not Cooperating”, or “FSET Non-Compliance” Worklist, he/she will proceed to initiate a FS employment sanction for each individual on the list. The employment sanction will be processed as a case closing for single individual cases and as a line sanction for the noncompliant individual on a multiple person case. After the Worker at F25 has completed the processing of the employment sanction in WMS, he/she will annotate the corresponding FSE system worklist that the Notice of Intent (“NOI”) has been sent.

Note: Individuals in pending status on the Worklists due to an entry of “Exempt/Pending Docs” by a FS Worker are **not** to be processed for an employment sanction unless the date of the FS Worker Update is over 14 calendar days old.

The Worker will use code **WE1** (Failure to Comply with Employment Requirements 1st Occurrence – 2 months and until compliance) for both case closings (single individual cases) and line sanctions (multiple person households). For cases that require a line sanction, the Worker must complete a new WMS budget that reduces the number of eligible household members by one and changes the individual status of the noncompliant individual from **AC** (active) to **SN** (sanction).

Code **WE1** applies a sanction period of two months and until compliance to both case closings and line sanctions. WMS applies an automated bump-up of FS sanctions for individuals who were previously sanctioned for failure to comply with employment requirements. Effective February 16, 2010, the automated bump-up process for FS sanctions were extended to NCA FS cases.

Under the automated bump-up process, WMS reviews prior case closings and line sanctions to determine if the **WE1** sanction should be bumped-up to the next level. If the individual was previously sanctioned for failure to comply with employment requirements, WMS will automatically bump-up the **WE1** to either a **WE2** (Failure to Comply with Employment Requirements 2nd Occurrence – 4 months and until compliance) or a **WE3** (Failure to Comply with Employment Requirements 3rd Occurrence – 6 months and until compliance).

Code **WE1** will remain as the only data-enterable code and will be bumped-up to the next level, if appropriate, by WMS.

The Worker is required to access the Client Notices System (CNS) to process the **WE1** case closing or line sanction for the noncompliant individual. (See PD #09-13-SYS)

Upon accessing CNS, the WMS/Client Notices Subsystem Menu screen (**WCN000**) will appear. The Worker will enter the participant's case number and choose option **01** (Notice Entry) in the "Indicate Selection Number" field. After transmitting the data, the CNS Reason Code Entry screen (**WCN011**) will appear.

For case closings, the Worker will enter closing code **WE1** in the case reasons field for FS. For line sanctions, the Worker will enter the line number of the noncompliant individual and sanction code **WE1** in the individual reasons field for FS. After transmitting the data, the PA and FS Employment Reason Entry screen (**WCN150**) will appear.

On the **WCN150** screen, the Worker will enter an "**X**" to the left of the activity or activities that the participant failed to perform. For example, if the participant appeared on the "No Show" Worklist in the FSE system, the Worker would select the option "Failed to Keep/Complete Assessment Appointment" on the **WCN150** screen. After transmitting the selection, the PA and FS Employment Worker Entry screen (**WCN151**) will appear.

The **WCN151** screen will provide space for the Worker to specify the particular act of noncompliance and to collect data prompted by the previous selection on the **WCN150** screen. For example, if the Worker selected the "Failed to Keep/Complete Assessment Appointment, on the **WCN150** screen, the **WCN151** screen will prompt the Worker to enter the date and location of the missed appointment. The Worker will obtain the information on the missed appointment or any other failure to comply from the "Client Details" screen in the FSE system.

After completing the input of data on the **WCN151** screen, the Worker will transmit the information and will obtain a CNS Notice Number that will be annotated on the case closing or line closing transaction in WMS.

Participant eligibility may be reestablished during the sanction period if the individual becomes exempt from the work requirements for any reason other than becoming a recipient of UIB (see page 4). For example, a participant is disqualified from participating in the FS Program for January 2010 and February 2010 for failure to comply with an FSET program requirement. The individual becomes employed in February 2010 and is working 32 hours per week. As the individual is now exempt from work registration requirements for having at least 30 hours of weekly employment, his/her eligibility may be reestablished. If the individual is still financially eligible to receive FS, the sanction will be lifted and the individual will be eligible to receive FS benefits for the month of February 2010.

Exclusion from Participation Worklist

Participants who appear on the “Exclusion from Participation” Worklist may have claimed any of the following issues:

- Medical/mental health issues
- Needed at home to care for a sick/disabled person
- Alcohol/drug issue
- Child under 18 years of age in the FS household
- Unable to work: disability observed
- Student (enrolled at least half time)
- Receiving UIB
- Pregnancy
- Refugee training program (participating at least half time)

The FS Worker at F25 is responsible for obtaining the information from the “Exclusion from Participation” Worklist in the FSE system to determine which of the above issues have been claimed. The documentation provided by the participant may be accessed in the HRA OneViewer.

If the participant has provided sufficient documentation to verify that he/she is unable to work because of a medical/mental health issue, a need to be home to care for a sick or disabled household member, or because he/she is enrolled in an approved drug or alcohol treatment program, the Worker will change the participant’s employability status (ES) code to **WE** – NPA FS Work Registration Exempt.

If the participant appears on the “Exclusion from Participation” Worklist because a child under 18 is residing in his/her FS household, and has provided the required documentation to add the child to his/her FS case, the Worker will process the change to add the child to the FS case. If the participant is responsible for the care of the child and the child is under the age of six, the Worker will change the participant’s ES code to **WE**. If the child is six years of age or older, or if the participant is not responsible for the care of the child, the Worker will change the participant’s ES code to **WA** – NPA FS Work Registration Required (ABAWD Exempt).

If the participant did not provide all the required documentation to add the child to the case, the Worker will mail the participant the Change in Household Circumstances form (**W-132S**). Form **W-132S** will notify the household that the change they reported cannot be acted upon until verification is provided. Along with the **W-132S** form, the Worker will mail the household a postage-paid return envelope, addressed to the household’s Home Center.

If the FSE system contains information that the employment vendor determined that the participant was unfit for employment due to an obvious disability, the Worker will change the participant’s ES code to **WE** whether or not the participant has provided medical documentation.

If the participant appears on the “Exclusion from Participation” Worklist because of being enrolled as a student, the Worker must determine if the individual meets the definition of a student and meets the student eligibility criteria to participate in the FS Program prior to determining if the student meets the student exemption criteria.

A student is any person who is enrolled at least half time (as defined by the institution he/she is attending) in an institution of higher education excluding high school and on-the-job training programs. An institution of higher education is one that requires a high school diploma (or equivalency certificate) for enrollment and can include colleges, universities, and vocational or technical schools at the post high school level.

If a student is 18 years of age or older but under the age of 50 and is physically and mentally fit, then he/she must meet at least one of the following criteria in order to participate in the FS program as an eligible student:

- Be in receipt of Family Assistance or federally funded Safety Net Assistance benefits;
- Provide more than half the physical care for a child under the age of six or an incapacitated person;
- Be enrolled full time and be a single parent responsible for the care of a child under the age of 12;
- Provide more than half the care of a child under the age of 12 and not have adequate child care to work and go to school;
- Participate during the regular school year in a state or federally financed work study program;
- Be employed for an average of 20 hours per week and be paid, or, if self-employed, be employed for an average of 20 hours per week and earn an amount at least equal to the federal minimum wage multiplied by 20 hours; or
- Be assigned or placed in a school by JPTA, FSET, JOBS or DOL.

If the participant is a student who meets the FS eligibility criteria and meets the student work exemption criteria, the Worker will change the participant’s ES code to **WE**.

If the participant has been determined to be a student who does not meet the student eligibility criteria to participate in the FS Program, the Worker will proceed to initiate a case closing (single individual cases) or a line closing (multiple person household). The Worker will use code **F90** (Ineligible Student) for both case closings (single individual cases) and line closings (multiple person households).

For cases that require a line closing, the Worker must complete a new budget by reducing the number of eligible household members by one and changing the individual status of the ineligible student from **AC** to **CL**.

If the participant appears on the “Exclusion from Participation” Worklist because of receipt of UIB, the Worker will calculate a new WMS budget to determine if the household remains financially eligible to receive FS benefits. If the household remains eligible, the Worker will budget the UIB income and change the participant’s ES code to **WE**.

If the participant’s household is no longer financially eligible for FS due to the UIB income, the Worker will close the participant’s case using code **E35** (Excess Unearned Income).

If the participant appears on the “Exclusion from Participation” Worklist because of being pregnant and has provided verification (regardless of the month of pregnancy), the Worker will change the participant’s ES code to **WA**. The pregnant individual is exempt from the ABAWD eligibility rules but not from work registration requirements.

If the participant appears on the “Exclusion from Participation” Worklist for being a refugee in a training program and has provided verification that he/she is participating at least half time (as defined by the program) in a program approved or funded by the Federal Office of Refugee Resettlement, the Worker will change the participant’s ES code to **WE**.

Change in Hours/Wages Worklist

An individual who reports and verifies to the employment vendor an amount of hours currently worked or an amount of income currently earned that is different from the information listed on the participant’s FS budget will have his/her case appear on the “Hours/Wages Changes” Worklist.

Form **W-100J**, that will be available in the OneViewer, will contain the information concerning the participant’s income earned and hours worked.

Increase in Earnings

The participant’s signed **W-100J** form will be sufficient to make a change in the participant’s income earned and/or hours worked on the WMS budget.

If the participant’s household is no longer financially eligible for FS due to the individual’s current earned income, the Worker will close the participant’s case using code **E30** (Excess Earned Income).

If the participant’s household remains financially eligible for FS, the Worker will budget the participant’s earned income.

Decrease in earnings

If the household's FS benefit will increase as a result of the change in earned income, sufficient verification of the income must be provided before the FS grant may be increased. If sufficient verification necessary to increase the FS budget has not been made available by the employment vendor in the OneViewer, the Worker will follow the previous instructions regarding sending households the **W-132S** form.

If the individual is working a minimum of 30 hours per week or receiving weekly earnings at least equal to the federal hourly minimum wage times 30, the Worker will change the participant's ES code to **WE**. If the individual does not meet either of the work hours or earnings criteria above, the participant's ES code will remain **WR** – NPA FS Work Registration Required (ABAWD Required) or be changed to **WA** if other changes in the household cause the individual to be exempt from ABAWD requirements but not from work registration requirements.

Not WR Worklist

A participant with any of the following changes to his/her FS case in WMS that occurred outside of the FSE process will be placed on the "Not WR" Worklist, if the participant's ES code remained **WR**. The FS Worker will review the change in WMS to determine if the individual's ES code needs to be changed to either **WE** or **WA**.

- Addition of a child under age 18 to the case;
- Participant turned age 50;
- Participant with hours worked equal to or greater than 30 hours per week; or
- Participant with weekly earnings equal to or greater than the federal hourly minimum wage times 30.

Questionable Data Worklist

A participant with either of the two following combinations of data in WMS will be placed on the "Questionable Data" Worklist when the FSE system receives the WMS nightly file containing any of these results:

- When the number of hours worked field and the amount of income earned field have one of the two fields with a "0" and the other field with an entry greater than "0".
- When the SSI Indicator field has an entry of 1, 2, or 4 associated with the participant's line number and the individual has an ES code of "**WR**".

The Worker will review the data in WMS and determine if any changes are necessary.

Exemptions from Food Stamp Work Registration and the ABAWD Eligibility Requirements

The determination of an individual's work registration status will result in the selection of one of the three following employability status (ES) codes:

WE – NPA FS Work Registration Exempt

WA – NPA FS Work Registration Required (ABAWD Exempt)

WR – NPA FS Work Registration Required (ABAWD Required)

Individuals who are determined exempt from work registration are to be assigned ES code **WE**. All individuals who are exempt from work registration are also exempt from the Able-Bodied Adults Without Dependents (ABAWD) eligibility requirements. The following individuals are exempt from work registration:

- A person younger than 16 years of age;
- A person 60 years of age or older;
- A person medically verified as being physically or mentally unable to work;
- A parent, guardian, or any adult responsible for the care of a dependent child under the age of six;
- A parent or other household member needed in the home to care for an incapacitated person;
- A person 16 or 17 years of age who is not the head of household or who is attending school or an employment training program on at least a half time basis;
- A student enrolled at least half time in any recognized school, training program, or institution of higher education, provided he/she has met the student eligibility criteria for FS participants;
- A person in receipt of Unemployment Insurance Benefits (UIB). An applicant for UIB is exempt if he/she was required to register for work as part of the UIB application process;
- A regular participant in a drug or alcohol treatment and rehabilitation program who has been deemed unable to work or is otherwise engaged in a substance abuse treatment program to an extent that an assignment to work activities is impractical;
- A person who is employed or self-employed and working a minimum of 30 hours weekly or receiving weekly earnings at least equal to the federal minimum wage multiplied by 30 hours;
- An applicant for Supplemental Security Income (SSI) and food stamps, under the joint processing provisions until an SSI determination is made; and
- A person who is already complying with Temporary Assistance to Needy Families (TANF) work rules; or a refugee participating at least half time in a program approved or funded by the federal Office of Refugee Resettlement.

Individuals who are nonexempt from work registration may also be subject to the ABAWD eligibility requirements.

Individuals who are nonexempt from work registration but are exempt from ABAWD eligibility requirements are to be assigned ES code **WA**. The following individuals are exempt from the ABAWD eligibility requirements:

- A person younger than 18 years of age;
- A person 50 years of age or older;
- A person unable to work in competitive employment for at least 80 hours per month due to a physical or mental limitation;
- A pregnant woman, regardless of the month of pregnancy;
- All adults residing in a FS household containing a child who has not yet reached his/her 18th birthday, regardless of responsibility; and
- A person exempt from FSET requirements.

Individuals who are nonexempt from both work registration and the ABAWD eligibility requirements are to be assigned ES code **WR**.

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Exclusion From Project Participation Form

I, _____, am claiming the following issue that will exclude me from project participation at this time:

- Special Assessment Issue
- Medical/Mental Health Issue
- Needed at Home
- Alcohol/Drug Issue
- Child under 18 added to household
- Unable to work: Disability observed
- Student (enrolled at least half time)
- Receiving Unemployment Insurance Benefits
- Pregnant
- Refugee training program (participating at least half time)

SAMPLE

Comments entered in system by vendor regarding employment issue:

a) For all claimed issues except special assessment:

I understand that I have been de-assigned from the Back to Work employment vendor and that my Food Stamp Center may contact me to discuss this claim in the near future.

or:

b) For a special assessment:

You have been scheduled for a special assessment appointment. You have until the date listed below to appear for a special assessment interview.

Date: _____
Location: _____
Address: _____

Participant Signature: _____ Date: _____

Vendor Signature: _____ Date: _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____

Formulario de Exención de Participación del Proyecto

Yo, _____, alego que lo siguiente me va a excluir de participación del Proyecto (Empleo de Cupones para Alimentos):

- Problema de Evaluación Especial
- Problema de Salud Física/Mental
- Necesitado en el Hogar
- Problema de Alcohol/Drogas
- Un(a) niño(a) menor de 18 años añadido(a) al hogar
- No es apto para trabajar: Incapacidad ha sido observada
- Estudiante (matriculado por lo menos medio tiempo)
- Beneficiario de Seguro de Desempleo
- Embarazada
- Programa de Capacitación para Refugiado (participando por lo menos medio tiempo)

Comentarios ingresados al sistema por el contratista con respecto a la exención alegada:

SAMPLE

a) Para todas las exenciones reclamadas excepto la evaluación especial:

Entiendo que se me ha cancelado la asignación del contratista de empleo de Regreso al Trabajo y es posible que mi Centro de Cupones para Alimentos se comunique conmigo para tratar sobre esta alegación en el futuro.

o:

b) Para una evaluación especial:

A usted se le ha programado una cita de evaluación especial. Tiene hasta la fecha indicada abajo para presentarse a la entrevista de evaluación especial.

Fecha: _____
Local: _____
Dirección: _____

Firma del Participante: _____ Fecha: _____

Firma del Contratista: _____ Fecha: _____

Date: _____
Case Number: _____
Case Name: _____
Center: _____

De-assignment Letter

You have been de-assigned from the Back to Work employment vendor as of _____, because your Food Stamp (FS) employability status has changed. You are no longer required to report to the employment vendor and you are not required to attend any of the employment activities that the vendor had previously assigned to you.

If your FS employability status changes in the future, you could be reassigned to an employment vendor and be required to comply with new employment activities.

SAMPLE

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro: _____

Carta de Cancelación de Asignación

A usted se le ha cancelado su asignación del contratista de empleo de Regreso al Trabajo a partir de _____, debido a que su estado de empleabilidad de cupones para alimentos ha cambiado. A usted ya no se le exige reportarse al contratista de empleo ni asistir a las actividades de empleo que el contratista le había asignado previamente.

Si el estado de empleabilidad de cupones para alimentos cambia en el futuro, a usted se le podría reasignar a un contratista de empleo y se le podría exigir que cumpla las nuevas actividades de empleo.

SAMPLE

Date: _____

Case Number: _____

Case Name: _____

Center: _____

Food Stamp Employment (FSE) Employability Assessment

Assessment Status:

Printed on:

Demographics

Participant Name:
Assessment Date:
Sex:
Vendor:

Case Number/Line Number:
DOB:
FS Center:

A) Pre-assessment

FSE exclusion:

- | | | |
|--|------------------------------|-----------------------------|
| Special Assessment Issue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical/Mental Health Issue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Needed at Home Claimed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Alcohol/Drug Issue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unable to work – disability observed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child under 18 added to household? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student enrolled at least half-time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Receive Unemployment Insurance Benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pregnant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refugee Training Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SAMPLE

Comments: _____

Verification of Hours and Wages reported:

- | | | |
|--|------------------------------|-----------------------------|
| Are you currently employed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you currently working _____ hours per month? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No, how many hours? _____ | | |
| Is your monthly earned income currently \$_____? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No, how much? \$_____ | | |
| Is this your current employer _____ ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If No, the new employer is: _____ | | |
| Do you have valid employment documentation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Job start date: _____ | | |

B) Employment Declaration

Food Stamp Employment Declaration:

Job start date: _____ Date reported: _____ Date of my first pay: _____
 Hours reported: _____ Wage(s): _____ Wage frequency: _____
 Job title: _____ Documentary evidence: _____ How reported: _____
 Employer: _____
 Employer address: _____
 City: _____ State: _____ Zip Code: _____
 Work site: _____
 Work site address: _____
 City: _____ State: _____ Zip Code: _____
 Employer's main telephone: _____ Participant's work telephone number: _____
 Health Insurance out-of-pocket amount: \$ _____ Third-party insurance: _____

C) Employment History

Work Experience:

Are you currently employed? Yes No
 Current employer, work address and work details:
 Employer: _____ Job title: _____
 Employer address: _____
 City: _____ State: _____ Zip Code: _____
 Work site: _____
 Work site address: _____
 City: _____ State: _____ Zip Code: _____
 Employer's main telephone: _____ Participant's work telephone number: _____
 Type of work schedule: Flexible Fixed

(If Fixed) Work schedule

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM:	_____	_____	_____	_____	_____	_____	_____
TO:	_____	_____	_____	_____	_____	_____	_____

(If Flexible)

Comments: _____

Do you work any In-kind hours? Yes No

Do you have valid In-kind documentation? Yes No

In-kind Category: _____ In-kind Site: _____

Address: _____

How many In-kind hours do you work per month? _____

Comments: _____

List of your last 3 Jobs (excluding current):

Employer	Occupation	Start Date	End Date	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D) Education and Training

Language Proficiency:

Native language: _____ If other, specify: _____

Can you: Speak English? Yes No Write in English? Yes No

Read English? Yes No

Education and Training:

Have you undertaken an education program in the last 3 years? No Yes

If Yes: Program name: _____ Start date: _____ End date: _____

Program name: _____ Start date: _____ End date: _____

High school diploma or GED? Yes No Highest grade/Level achieved: _____

Participant's employment goal: _____

Necessary steps to reach the goal: _____

Are you currently enrolled or requesting enrollment in a training program? Yes No

Licenses/Certificates:

Do you have any licenses/certificates? Yes No

If Yes: License/Certificate: _____ Date received: _____ Status: _____

E) Special Circumstances

Do you have a history of military service? Yes No

If Yes: Status: _____

Is there an active child support order against you? Yes No

Comments: _____

Do you have child support arrears? Yes No

Comments: _____

Do you have any criminal records or jail time? Yes No

If Yes: Nature of conviction: _____

Start date: _____ End date: _____

F) TABE Scores

Reading score: _____ Math Score: _____ Date of the test: _____

Test language: _____

G) Assigned Hours

Work hours per month

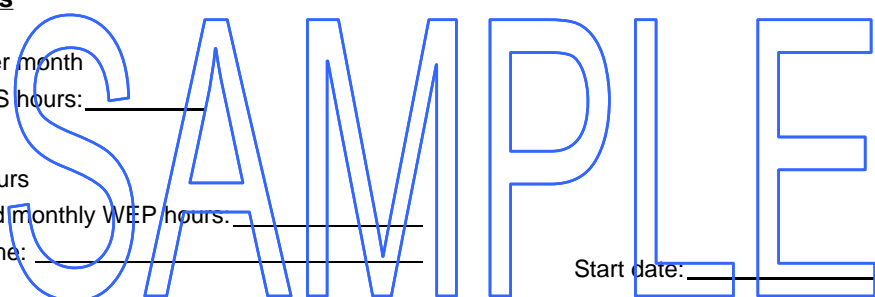
Reported WMS hours: _____

1. WEP hours

Required monthly WEP hours: _____

Site Name: _____

Start date: _____



WEP schedule

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM:	_____	_____	_____	_____	_____	_____	_____
TO:	_____	_____	_____	_____	_____	_____	_____

2. Job search hours

Required monthly job search hours: _____

Site Name: _____ Start date: _____

Job search schedule

	MON	TUES	WED	THURS	FRI	SAT	SUN
FROM:	_____	_____	_____	_____	_____	_____	_____
TO:	_____	_____	_____	_____	_____	_____	_____

Effective date: _____ TOTAL ASSIGNED JOB RELATED ACTIVITIES HOURS: _____

H) Participant Certification

I understand that I am expected to attend each activity 100% of the time unless I have good cause not to. I must complete each step of the Employability Assessment unless I am determined to be exempt. Failure to complete any activity may result in the loss of my food stamp benefits.

Participant Signature: _____ Date: _____

Vendor Signature: _____ Date: _____

SAMPLE

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro: _____

Evaluación de Empleabilidad de Empleo de Cupones para Alimentos (FSE – Food Stamp Employment)

Estado de Evaluación:

Imprimido el:

Datos Demográficos

Nombre del participante:

Número del Caso/Número de Línea:

Fecha de la Evaluación:

Fecha de Nacimiento:

Sexo:

Centro de Cupones para Alimentos:

Contratista:

A) Preevaluación:

Exclusión de FSE:

- | | | |
|--|-----------------------------|-----------------------------|
| ¿Problema de Evaluación Especial? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| ¿Problema de Salud Física/Mental? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| ¿Se Reclama Necesidad en el Hogar? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| ¿Problema de Alcohol/Drogas? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| ¿No puede trabajar - incapacidad notable? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| ¿Se ha mudado un niño menor de 18 años de edad a su hogar? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| ¿Estudiante inscrito por lo menos a medio tiempo? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| ¿Recibe usted Beneficios de Seguro de Desempleo? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| ¿Actualmente Embarazada? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| ¿Programa de Capacitación de Refugiados? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |

Comentarios: _____

Verificación de Horas y Salario reportado:

- | | | |
|--|-----------------------------|-----------------------------|
| ¿Trabaja usted actualmente? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| ¿Trabaja usted actualmente _____ horas al mes? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| Si No, ¿cuántas horas? _____ | | |
| ¿Su ingreso mensual es actualmente \$ _____ ? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| Si No, ¿cuánto? \$ _____ | | |
| ¿Su empleador actual es _____ ? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| Si No, el nuevo empleador es: _____ | | |
| ¿Tiene usted documentación para empleo válida? | <input type="checkbox"/> Sí | <input type="checkbox"/> No |
| Fecha de comienzo del trabajo: _____ | | |

B) Declaración de Empleo

Declaración de Empleo de Cupones para Alimentos:

Fecha de Comienzo del Trabajo: _____ Fecha del reporte: _____ Fecha de mi primer pago recibido: _____
Horas reportadas: _____ Salario(s): _____ Frecuencia de paga: _____
Cargo: _____ Pruebas Documentales: _____ Medio del reporte: _____
Empleador: _____
Dirección del Empleador: _____
Ciudad: _____ Estado: _____ Código Postal: _____
Local de Trabajo: _____
Dirección del local de Trabajo: _____
Ciudad: _____ Estado: _____ Código Postal: _____
Teléfono principal del empleador: _____ Teléfono de trabajo del participante: _____
Seguro de Salud pagado en efectivo: \$ _____ Seguro de tercera parte: _____

C) Historial de Empleo

Experiencia Laboral:

¿Está usted actualmente empleado(a)? Sí No
Empleador actual, dirección del trabajo y detalles del trabajo:
Empleador: _____ Cargo: _____
Dirección del Empleador: _____
Ciudad: _____ Estado: _____ Código Postal: _____
Local de trabajo: _____
Dirección del local de trabajo: _____
Ciudad: _____ Estado: _____ Código Postal: _____
Teléfono principal del empleador: _____ Número de teléfono del participante: +
Tipo de horario de trabajo: Flexible Fijo

(Si es Fijo) Horario de trabajo

	LUN	MAR	MIÉR	JUE	VIER	SÁB	DOM
DE:	_____	_____	_____	_____	_____	_____	_____
A:	_____	_____	_____	_____	_____	_____	_____

(Si es Flexible)

Comentarios: _____

¿Trabaja usted horas en especie? Sí No

¿Tiene usted documentación válida en especie? Sí No

Categoría en especie: _____ Local en especie: _____

Dirección: _____

¿Cuántas horas en especie trabaja usted al mes? _____

Comentarios: _____

Lista de sus últimos 3 trabajos (excluyendo el actual):

Empleador	Oficio	Fecha de Comienzo	Fecha Final	Razón por Dejar el Trabajo
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D) Educación y Capacitación

Dominio de Idiomas:

Lengua materna: _____ Si otra, especifique: _____

Puede usted: ¿Hablar inglés? Sí No ¿Escribir inglés? Sí No

¿Leer inglés? Sí No

Educación y Capacitación:

¿Ha usted ingresado en un programa educacional en los últimos 3 años? Sí No

Si Sí: Nombre del Programa: _____ Fecha de comienzo: _____

Fecha final: _____

Nombre del Programa: _____ Fecha de comienzo: _____

Fecha Final: _____

¿Diploma de bachillerato o GED? Sí No

Grado máximo/nivel alcanzado: _____

Meta de empleo del participante: _____

Pasos necesarios para alcanzar la meta: _____

¿Está usted actualmente inscrito o solicitando inscripción a un programa de capacitación? Sí No

Licencias/Certificados:

¿Tiene usted alguna licencia/certificado? Sí No

Si Sí: Licencia/Certificado: _____ Fecha recibida: _____ Condición: _____

E) Circunstancias Especiales

¿Tiene usted historial de servicio militar? Sí No

Si Sí: Condición/Estado: _____

¿Tiene usted una orden de manutención de niños en su contra? Sí No

Comentarios: _____

¿Está usted atrasado en sus pagos de manutención de niños? Sí No

Comentarios: _____

¿Tiene usted historial delictivo o ha usted cumplido condena carcelaria? Sí No

Si Sí: Motivo de la condena: _____

Fecha de comienzo: _____ Fecha final: _____

F) Puntuación de TABE

Puntuación de Lectura: _____ Puntuación de Matemática: _____ Fecha del examen: _____

Idioma del examen: _____

G) Horas Asignadas

Horas de trabajo mensuales

Horas de WMS reportadas: _____

1. Horas de WEP

Horas de WEP necesarias al mes: _____

Nombre del Local: _____ Fecha de comienzo: _____

Horario de WEP

LUN MAR MIÉR JUE VIER SÁB DOM

DE: _____

A: _____

2. Horas de búsqueda de trabajo

Horas de búsqueda de trabajo necesarias: _____

Nombre del local: _____ Fecha de comienzo: _____

Horario de búsqueda de trabajo

LUN MAR MIÉR JUE VIER SÁB DOM

DE: _____

A: _____

Fecha de vigencia: _____

TOTAL DE HORAS DE ACTIVIDADES ASIGNADAS RELACIONADAS CON EL TRABAJO: _____

H) Certificación de participación

Entiendo que se espera que yo asista a cada actividad 100% del tiempo, a menos que yo tenga motivo justificado para no asistir. Debo llevar a cabo cada paso de la Evaluación de Empleabilidad a menos que se me determine exento. El incumplimiento de cualquier actividad podría resultar en la pérdida de mis beneficios de cupones para alimentos.

Firma del Participante: _____ Fecha: _____

Firma del Contratista: _____ Fecha: _____

SAMPLE

Date: _____

Case Number: _____

Case Name: _____

Center: _____

Loss of Employment Form

I, _____, am claiming that I am no longer employed.

Comments entered by vendor:

SAMPLE

I understand that I have been de-assigned from the Back to Work employment vendor and that my Food Stamp Center will contact me to discuss this claim in the near future.

Participant Signature: _____ Date: _____

Vendor Signature: _____ Date: _____

Fecha: _____

Número del Caso: _____

Nombre del Caso: _____

Centro: _____

Formulario de Pérdida de Trabajo

Yo, _____, declaro que ya no tengo empleo.

Comentarios anotados por el contratista:



Entiendo que se me ha retirado de la asignación del contratista de empleo de Regreso al Trabajo (Back to Work Employment) y que mi Centro de Cupones para Alimentos se comunicará conmigo para tratar esta declaración en fecha próxima.

Firma del Participante: _____ Fecha: _____

Firma del Contratista: _____ Fecha: _____

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Food Stamp Employment Declaration

Job start date: _____ Date reported: _____ Date of first pay: _____
Hours reported: _____ Wage(s): \$ _____ Wage frequency: _____
Job title: _____ Documentary evidence: _____ How reported: _____

Employer: _____
Employer Address: _____
City: _____ State: _____ Zip Code: _____

Work Site: _____
Work Site Address: _____
City: _____ State: _____ Zip Code: _____

Employer's main telephone number: _____
Client's work telephone number: _____
Health Insurance out-of-pocket amount: \$ _____ Third-party insurance: _____

By signing this Food Stamp Employment Declaration, I certify that the above information is correct. I understand that I will be de-assigned from the Employment vendor for rebudgeting of my food stamp case.

Participant's Signature: _____ Date: _____

Vendor's Signature: _____ Date: _____

Fecha: _____
Número de Caso: _____
Nombre del Caso: _____
Centro: _____

Declaración de Empleo de Cupones para Alimento

Fecha de comienzo del empleo: _____ Fecha en que se reportó: _____ Fecha del primer pago: _____
Horas reportadas: _____ Salario(s): \$ _____ Frecuencia de paga: _____
Cargo en el empleo: _____ Documentos comprobantes: _____ Forma del reporte: _____

Empleador: _____
Dirección del Empleador: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Local de Trabajo: _____
Dirección del Local de Trabajo: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Número de teléfono principal del empleador: _____
Número de teléfono principal del cliente: _____
Cantidad de Desembolso por Seguro de Salud: \$ _____ Seguro de terceros: _____

Al firmar la Declaración de Empleo de Cupones para Alimentos, doy fe de que la información de arriba es correcta. Entiendo que se me retirará de la asignación del contratista de Empleo para hacerle cambios al presupuesto de mi caso de cupones para alimentos.

Firma del Participante: _____ Fecha: _____

Firma del Contratista: _____ Fecha: _____

Date: _____
Case Number: _____
Case Name: _____
FS Center: _____

Claim of In-Kind Work

I, _____ am claiming that I currently work in exchange for goods or services ("in-kind work").

Comments entered in the system by vendor regarding in-kind work

SAMPLE

I understand that I have been de-assigned from the Back to Work Employment vendor and that my Food Stamp Center may contact me to discuss this claim in the near future.

Participant Signature: _____ Date: _____

Vendor Signature: _____ Date: _____

Fecha: _____
Número de Caso: _____
Nombre del Caso: _____
Centro FS: _____

Afirmación de Trabajo en Especie

Yo, _____ afirmo que estoy actualmente realizando trabajo por intercambio de bienes y servicios ("trabajo en especie").

Comentarios ingresados en el sistema por el contratista con respecto al trabajo en especie

SAMPLE

Tengo entendido que he sido retirado del contrato de Regreso al Trabajo y que el Centro de Cupones para Alimentos podría comunicarse conmigo para tratar esta afirmación en un futuro.

Firma del Participante: _____ Fecha: _____

Firma del Contratista: _____ Fecha: _____

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Mandatory Appointment Notice To Employment Vendor (Non Cash Assistance Food Stamp Participant)

As a condition of for food stamp benefits, you, as a Non Cash Assistance Food Stamp (NCA FS) participant, are required by federal and state law and regulations to participate in a food stamp employment and training program, which may consist of work, training and job search activities, as assigned, unless you are determined to be exempt (see **page 2** for exemptions).

We have scheduled the following appointment for you with an employment vendor:

Appointment Date: _____ Time: _____ Telephone: _____
Vendor Name: _____
Vendor Address: _____

City: _____ State: _____ Zip Code: _____

For travel information, please call the Metropolitan Transportation Authority at (718) 330-1234.

This is a mandatory engagement appointment. If you are unable to keep this appointment, please call: _____ before your reporting time to arrange for a new appointment.

If you believe that you are exempt from the work requirements (see **page 2** for exemptions), please bring documentation of your exemption to your appointment.

**FAILURE TO KEEP THIS APPOINTMENT OR FAILURE TO PARTICIPATE AS REQUIRED
MAY RESULT IN THE REDUCTION OR TERMINATION OF YOUR FOOD STAMP BENEFITS.**

You are mandated to participate in work activities unless you are exempt from the food stamp work requirements. You will be exempt from the work requirements if you are:

- younger than 16 years of age or 60 years of age or older;
- medically verified as being physically or mentally unable to work;
- a person 16 or 17 years of age who is not the head of household or who is attending school or an employment training program on at least a half-time basis;
- a parent, guardian or any adult responsible for the care of a child under the age of six (6) years;
- a parent or other household member needed in the home to care for an incapacitated person;
- a student enrolled at least half-time in any recognized school, training program, or institution of higher education, provided you have met the student eligibility criteria for food stamp participants;
- a refugee participating at least half-time in a program approved or funded by the Federal Office of Refugee Resettlement;
- a recipient of, or applicant for, Unemployment Insurance Benefits (UIB) who is required to register for work as part of the UIB application process;
- a regular participant in a drug or alcohol treatment program who is determined to be unable to work, or is otherwise engaged in a substance abuse treatment program to the extent that assignment of work activities is impractical;
- a person employed a minimum of 30 hours per week or receiving weekly earnings at least equal to the Federal minimum wage multiplied by 30;
- an applicant for Supplemental Security Income (SSI) and food stamps under the joint processing provisions; or
- a person who is already complying with Temporary Assistance to Needy Families (TANF) work rules.

If you are not exempt from the food stamp work requirements you will be required to be engaged in a combination of work and employment services placement activities for a total of up to 30 hours per week. You will receive a schedule of combined activities at your employment vendor appointment, which is indicated on **page 1**.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____

Aviso de Cita Obligatoria Al Contratista de Trabajo (Participante de Cupones para Alimentos Sin Asistencia en Efectivo)

Como condición de elegibilidad para beneficios de cupones para alimentos, como participante de Cupones para Alimentos de No Asistencia en Efectivo (NCA FS), a usted se le exige, conforme a la ley y reglamento federales y estatales, que participe en un programa de empleo y capacitación de cupones para alimentos, que puede consistir en trabajo y actividades de capacitación y búsqueda de trabajo, tal como asignados, a menos que a usted se le determine exento(a) (vea la **página 2** para las exenciones).

Le hemos programado la siguiente cita con un contratista de empleo:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____

Nombre del Contratista: _____

Dirección del Contratista: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Para obtener indicaciones de viaje favor de llamar a la Autoridad de Transporte Metropolitano (Metropolitan Transportation Authority) al (718) 330-1234.

Esta cita de participación es obligatoria. Si no puede asistir a esta cita, favor de llamar al:
_____ **antes de la hora en que debe presentarse para poder conseguirle una cita nueva.**

Si usted cree que está exento(a) de los requisitos de trabajo (vea la **página 2** para las exenciones), favor de traer la documentación de su exención a su cita.

**EL NO ASISTIR A ESTA CITA O EL NO PARTICIPAR COMO DEBIDO PUEDE RESULTAR EN LA
REDUCCIÓN/TERMINACIÓN DE SUS BENEFICIOS DE CUPONES PARA ALIMENTOS.**

Se requiere que usted participe en actividades de trabajo a menos que usted actualmente esté exento de los requisitos de trabajo de cupones para alimentos. Usted será exento de estos requisitos de trabajo si usted es:

- menor de 16 años de edad o tiene 60 años de edad o más;
- médicamente confirmado(a) de no poder trabajar física o mentalmente;
- una persona de 16 o 17 años de edad que no sea jefe del hogar y que asista a la escuela o un programa de capacitación de trabajo por lo menos a tiempo parcial;
- padre/madre, tutor o un adulto responsable por el cuidado de un niño(a) menor de los 6 años de edad;
- padre/madre u otro miembro del hogar que se necesita para el cuidado de una persona que está incapacitados y confinado al hogar;
- un estudiante que actualmente está inscrito en un colegio, programa de capacitación, o institución reconocida y de enseñanza superior en por lo menos a tiempo parcial y bajo la condición de que ha reunido todo los requisitos para la elegibilidad de un participante para cupones para alimentos;
- un refugiado participando por lo menos a tiempo parcial en un programa que está aprobado o financiado por la Oficina Federal de Refugiados;
- un beneficiario de, o un solicitante para, Beneficios de Seguro de Desempleo (Unemployment Insurance Benefits – UIB) y a quien se le requiere registrarse para trabajar como parte del proceso de solicitud de UIB;
- un participante regular que está en un programa de tratamiento para drogas o alcohol y que ha sido considerado incapaz de trabajar o esté comprometido(a) a asistir un programa de tratamiento para el abuso de sustancias tóxicas y no sería práctico asignarle actividades de trabajo;
- una persona que está empleada a un mínimo de 30 horas por semana o recibiendo ingresos semanal igual al salario mínimo Federal multiplicado por 30 horas;
- un solicitante del Ingreso del Seguro Suplemental (SSI) y de cupones para alimentos bajo las provisiones del suministro de proceso; o
- una persona que actualmente ya cumple con la reglas de trabajo de la Asistencia Temporal para las Familias con Necesidades (Temporary Assistance to Needy Families – TANF).

Si usted no está exento de los requisitos de trabajo de cupones para alimentos, se requerirá que usted se comprometa en una combinación de trabajo y actividades de servicios para la colocación de empleo un total de 30 horas a la semana. Usted recibirá un horario de estas actividades combinadas durante su cita con el contratista de trabajo lo cual se le indica a continuación **en la página 1.**

Date: _____
Case Number: _____
Case Name: _____
Center: _____
Conference _____
Telephone Number: _____

Assignment Letter

You have been assigned to the Food Stamp Employment and Training (FSET) work activity/activities described below.

The total number of hours you are required to participate in this/these activity/activities every month is _____ hours.

You will receive carfare at the agency where you are assigned to work. Please bring your Human Resources Administration (HRA) photo ID card.

WORK EXPERIENCE PROGRAM (WEP) ASSIGNMENT

Monthly WEP hours: _____ WEP site name: _____ Start date: _____

WEP site address: _____

WEP schedule:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Start time:	_____	_____	_____	_____	_____	_____	_____
End time:	_____	_____	_____	_____	_____	_____	_____

JOB SEARCH ASSIGNMENT

Monthly Job search hours: _____ Job search site name: _____ Start date: _____

Job search site address: _____

Job search schedule:

	MON	TUES	WED	THURS	FRI	SAT	SUN
Start time:	_____	_____	_____	_____	_____	_____	_____
End time:	_____	_____	_____	_____	_____	_____	_____

I have received a copy of this assignment.

Participant's Signature _____ Date: _____

**FAILURE TO KEEP THIS APPOINTMENT OR FAILURE TO PARTICIPATE AS REQUIRED
MAY RESULT IN THE REDUCTION/TERMINATION OF YOUR FOOD STAMP BENEFITS**

This is a mandatory engagement appointment. Your participation in this program is mandatory unless you receive another assignment, you become employed, or HRA determines that you have become unable to work or that you are exempt from the food stamp work requirements. You will be exempt from the work requirements if you are:

- younger than 16 years of age or 60 years of age or older;
- medically verified as being physically or mentally unable to work;
- subject to and complying with a federally funded Temporary Assistance for Needy Families (TANF) work requirement;
- responsible for the care of a dependent child under the age of six;
- responsible for the care of an incapacitated person;
- an applicant for or recipient of Unemployment Insurance Benefits (UIB) who is required to register for work as part of the UIB application process;
- a regular participant in a drug or alcohol treatment and rehabilitation program and the Agency determines that you are either unable to work or that assignment to work activities is impractical;
- a student enrolled at least half-time in a recognized school, training program or institution of higher education, provided you have met the student eligibility criteria for food stamp participants;
- an applicant for Supplemental Security Income (SSI) and food stamp benefits under the joint processing provisions until you are either determined to be eligible for SSI and, thereby, exempt from work registration, or determined to be ineligible for SSI;
- a person 16 or 17 years of age who is not the head of the household or who is attending school or an employment training program on at least a half-time basis;
- employed a minimum of 30 hours per week or receiving weekly earnings at least equal to the Federal minimum wage multiplied by 30 hours;
- a refugee participating at least half-time in a program approved or funded by the Federal Office of Refugee Resettlement; or
- complying with TANF work rules.

In order to receive your benefits, you must work the assigned number of hours at your work site, unless you have good cause not to work. If you fail to work the assigned hours without good cause, your food stamp benefits may be reduced or terminated.

THIS SECTION TELLS YOU WHAT TO DO IF YOU BELIEVE THAT YOU SHOULD NOT WORK OR SHOULD RECEIVE A DIFFERENT ASSIGNMENT BECAUSE OF A MEDICAL PROBLEM, OR YOU CANNOT COME TO WORK FOR ANOTHER REASON.

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

If you disagree with the determination that you are able to work, you may ask for a conference or a Fair Hearing, or both. Please see the Conference and Fair Hearing Information section of this notice for more information.

What if you think that you should be given a different work assignment because of a medical problem?

If you have already been determined as work – limited, and you have informed your work site Supervisor of your limitations, and the Agency has, to the best of its ability, made accommodations for your limitations, you may still contest the assignment as medically inappropriate. The proper way to contest an assignment is as follows:

1. Report to your assigned location and find out about your assignment. You may discuss any issues you have about whether the assignment is appropriate with the person who gives you the assignment or your Supervisor at the assignment.
2. If you are not able to resolve your issues at the conference, you may request a Fair Hearing. (Please see the Conference and Fair Hearing Information section of this notice for more information.)
3. If you have not resolved the issue at your work site, you can also make an appointment to discuss your issues at a conference.
4. During the time you are contesting a work assignment, starting with your complaint to your immediate Supervisor and, if necessary, until a Fair Hearing decision is rendered, you may refuse to perform the work without immediate loss of benefits.

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

Discuss any problem related to your medical condition with your work site Supervisor and provide written documentation on your doctor's stationery that includes the doctor's name, the date, your diagnosis and prognosis, and state what work activities your condition prevents you from doing and why. The documentation must be an original, not a photocopy, and must be current.

The Agency may change your assignment to another, based on the medical condition described on the documentation you provide, or the Agency may refer you for a medical assessment.

You may refuse to work at an assignment on the basis that it is inconsistent with your medical condition. During the time you are contesting a work assignment, starting with your complaint to your immediate Supervisor and, if necessary, until a Fair Hearing decision is rendered, you may refuse to perform the work without immediate loss of benefits.

Follow the instructions in the **What if you receive a Notice of Intent to discontinue benefits or a Notice of Intent to change benefits?** section on page 4 if you receive a Notice of Intent as a result of a change in your medical condition of which the Agency is unaware.

What if you have a change in your circumstances that makes you exempt from the food stamp work requirements?

If you have a change in your circumstances that you believe makes you exempt from the food stamp work requirements (see the list on page 2), please report the change to your work site Supervisor and your Food Stamp Center.

When can you be absent from your assignment?

You do not have to report to your assignment on holidays observed by the Agency, on your days of religious observance (must be documented), or when you have "good cause."

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

"Good cause" includes circumstances beyond your control such as, but not limited to, illness, family emergency, jury duty, appointments at an HRA office, or lack of transportation. "Good cause" also includes employment interviews and temporary or part-time employment.

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

You must notify your Supervisor by telephone as soon as you know that you are going to be absent or late. Give notice before your scheduled starting time. If you do not do so, you may lose benefits. When you return to your work site, you must bring any documentation that you can reasonably obtain to show why you were absent or late.

What happens when you are absent or late without good cause, fail to notify your Supervisor that you will be absent or late, or fail to provide documentation?

If you are absent or late without good cause, you will receive a notice of failure to comply with your work assignment. You may also receive a notice for failing to notify your Supervisor or failing to provide documentation. You will have the right to request a conference and/or a Fair Hearing within the time limit stated in the notice.

What if you receive a Notice of Intent to discontinue benefits or a Notice of Intent to change benefits?

If you receive a Notice of Intent to discontinue benefits because of failure to comply with your work assignment, you have a right to a Fair Hearing. Your benefits will continue unchanged, pending the Fair Hearing decision, as long as you make a request for a Fair Hearing within the time frame stated in the Notice of Intent.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.
BE SURE TO READ THE CONFERENCE AND FAIR HEARING INFORMATION
SECTION OF THIS NOTICE FOR HOW TO APPEAL THIS DECISION.**

Conference and Fair Hearing Section – Do You Think We Are Wrong?

CONFERENCE

If you think our decision is wrong, or if you do not understand our decision, please call us to set up a conference (informal meeting with us). To do this, call the conference telephone number on **page 1** of this notice or write to us at the address on **page 1** of this notice. Sometimes this is the fastest way to solve a problem you may have. We encourage you to do this even if you have asked for a Fair Hearing. If you ask for a conference, you are still entitled to a Fair Hearing. If you only ask for a conference, your benefits will not stay the same while you appeal. Your benefits will stay the same only if you ask for a State Fair Hearing. (See the Continuing Your Benefit[s] section.)

STATE FAIR HEARING

How to ask for a Fair Hearing: If you believe the decision(s) we are making is/are wrong, you may request a State Fair Hearing by telephone, in writing, fax, in person or online.

- (1) TELEPHONE:** Call **(800) 342-3334**. (Please have this notice in hand when you call.)
- (2) WRITE:** Send a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Please keep a copy for yourself.)
- (3) FAX:** Fax a copy of the entire notice, with the "Fair Hearing Request" section completed, to:
(518) 473-6735.
- (4) IN PERSON:** Bring a copy of the entire notice, with the "Fair Hearing Request" section completed, to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance at either:
14 Boerum Place, Brooklyn or **330 West 34th Street, 3rd Floor, Manhattan**
- (5) ONLINE:** Complete an online request form at: <http://www.otda.state.ny.us/oah/forms.asp>

What to Expect at a Fair Hearing: The State will send you a notice that tells you when and where the Fair Hearing will be held. At the hearing, you will have a chance to explain why you think our decision is wrong. To help explain your case, you can bring a lawyer and/or witnesses such as a relative or a friend to the hearing, and/or give the Hearing Officer any written documentation related to your case such as: pay stubs, leases, receipts, bills and/or doctor's statements, etc. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give that person a letter to show the Hearing Officer that you want that person to represent you. At the hearing, you, your lawyer or your representative can also ask questions of witnesses whom we bring, or you bring, to explain the case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking the Yellow Pages under "Lawyers."

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case files. If you call, write or fax us, we will send you free copies of the documents from your files that we will give to the Hearing Officer at the Fair Hearing. Also, if you call, write or fax us, we will send you free copies of specific documents from your files that you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call **(718) 722-5012**, fax **(718) 722-5018** or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a Fair Hearing, how to see your file or how to get additional copies of documents, call or write to us at the telephone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Continuing Your Benefit(s): If our decision affects your benefits and you ask for a Fair Hearing within ten (10) days of the date of this notice, we will restore your benefits to the level that they were at before the date of this notice, until a Fair Hearing decision is issued.

Please be reminded that if you ask for a conference only, and not a State Fair Hearing, within the timeframe indicated in the Continuing Your Benefits section, your benefits will not stay the same.

If you lose the Fair Hearing, you will have to pay back any benefits you received, but should not have received, while you were waiting for the decision. If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a Fair Hearing or, if you send back this notice, check the box below:

I do not want to keep my benefits the same until the Fair Hearing decision is issued.

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within ninety (90) days from the date of the notice for work activity assignment issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by telephone, by fax, in person or online, please write to ask for a Fair Hearing before the deadline.

I want a Fair Hearing. The Agency's decision is wrong because:

SAMPLE

Print Name: _____ Case Number: _____
Name M.I. Last Name

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

Fecha: _____
Número de Caso: _____
Nombre del Caso: _____
Centro: _____
Número de Teléfono de Conferencia: _____

Carta de Asignación

A usted se le ha programado una asignación para una actividad de trabajo de Capacitación y Empleo de Cupones para Alimentos (Food Stamp Employment and Training – FSET) tal como se indica más abajo.

Las horas totales que se le requiere participar cada mes en esta/estas actividades son _____ horas.

Usted recibirá dinero para gastos de transporte en la agencia en donde se le asigne el trabajo. Favor de traer su tarjeta de identificación con foto de la Administración de Recursos Humanos (Human Resource Administration – HRA).

ASIGNACIÓN DEL PROGRAMA DE EXPERIENCIA LABORAL (WORK EXPERIENCE PROGRAM – WEP)

Horas Mensuales de WEP: _____ Nombre del Local de WEP: _____ Fecha de Comienzo: _____

Dirección del Local de WEP: _____

Horario de WEP:

	LUNES	MARTES	MIÉRCOLES	JUEVES	VIERNES	SÁBADO	DOMINGO
Hora de Comienzo:	_____	_____	_____	_____	_____	_____	_____
Hora Final:	_____	_____	_____	_____	_____	_____	_____

ASIGNACIÓN DE BÚSQUEDA DE EMPLEO

Horas de la búsqueda mensuales: _____ Nombre del local de búsqueda: _____ Fecha de Comienzo: _____

Dirección de local de la búsqueda de trabajo: _____

Horario de la búsqueda de trabajo:

	LUNES	MARTES	MIÉRCOLES	JUEVES	VIERNES	SÁBADO	DOMINGO
Hora de Comienzo:	_____	_____	_____	_____	_____	_____	_____
Hora Final:	_____	_____	_____	_____	_____	_____	_____

He recibido una copia de esta asignación.

Firma del Participante: _____ Fecha: _____

EL NO CUMPLIR CON ESTA CITA O EL NO PARTICIPAR COMO DEBIDO PUEDE RESULTAR EN LA REDUCCIÓN/TERMINACIÓN DE SUS BENEFICIOS DE CUPONES PARA ALIMENTOS

Esta cita de participación es obligatoria. Su participación en este programa es obligatoria a menos que usted reciba otra asignación, obtenga empleo, o HRA determine que está incapacitado para trabajar o esté exento(a) de los requisitos de trabajo de cupones para alimentos. Las exenciones de los requisitos de trabajo de Cupones para Alimentos le corresponden si usted es o está:

- menor de 16 años de edad o de por lo menos 60 años de edad o mayor;
- incapacitada(o) mental o físicamente, con comprobante médico, para trabajar;
- sujeto(a) y en cumplimiento de un requisito de trabajo del Programa de Asistencia Temporal (Temporary Assistance for Needy Families – TANF) financiado por el gobierno federal y en cumplimiento del mismo;
- responsable del cuidado de un niño dependiente menor de seis años;
- responsable del cuidado de una persona incapacitada;
- solicitante de beneficiarios de Seguro de Desempleo (Unemployment Insurance Benefits – UIB) que tiene que inscribirse para trabajar como parte del trámite de UIB;
- participante normal en un programa de tratamiento para drogas o rehabilitación y la Agencia determina que usted está incapacitado(a) para trabajar o que su asignación de actividades de trabajo es impráctica;
- estudiante matriculado(a) por lo menos a tiempo parcial en una escuela reconocida, programa de capacitación o institución de enseñanza superior, siempre que haya cumplido los criterios de elegibilidad para los estudiantes para cupones para alimentos;
- solicitante de Ingreso de Seguridad Suplemental (SSI) y beneficios de cupones para alimentos conforme a las disposiciones de trámite coordinado hasta que se le determine elegible para SSI y, por tanto, exento (a) de inscripción para trabajo, o inelegible para Ingreso de SSI;
- una persona de 16 o 17 años de edad que no sea jefe de hogar o que esté asistiendo a la escuela o a un programa de capacitación para empleo a por lo menos tiempo parcial;
- empleado(a) por un mínimo de 30 horas a la semana o que reciba ganancias semanales que por lo menos sean iguales al sueldo mínimo Federal multiplicado por 30 horas; o
- refugiado que participe a por lo menos tiempo parcial en un programa aprobado o financiado por la Oficina Federal de Reasentamiento de Refugiados (Federal Office of Refugee Resettlement).
- cumplir con las reglas de empleo de TANF

Para recibir sus beneficios, usted tiene que trabajar el número de horas asignadas en su local de trabajo, a menos que tenga causa justificada para no trabajar. Si usted no trabaja el número de horas asignadas sin causa justificada, sus beneficios de cupones para alimentos pueden reducirse o terminarse.

POR LA PRESENTE SECCIÓN SE LE INFORMA DE QUÉ PUEDE HACER SI USTED ESTIMA QUE NO DEBE TRABAJAR O QUE DEBE RECIBIR UNA ASIGNACIÓN DISTINTA DEBIDO A UN PROBLEMA MÉDICO, O SI NO PUEDE PRESENTARSE AL TRABAJO POR OTRA RAZÓN.

¿Qué tal si usted piensa que no se le debe exigir que trabaje debido a un problema médico?

Si usted no está de acuerdo con la determinación que es apto(a) para trabajar, puede solicitar una conferencia o una Audiencia Imparcial, o ambas. Por favor vea la sección Información sobre Conferencias o Audiencias Imparciales de este aviso para más información.

¿Qué tal si usted piensa que su asignación de trabajo debe ser distinta debido a un problema médico?

Si a usted ya se le ha determinado limitado respecto al trabajo, y usted ha informado a su Supervisor del local de trabajo de sus limitaciones, y la agencia en el máximo grado posible ha concertado arreglos para sus limitaciones, usted puede oponerse a su asignación por considerarla inapropiada por razones médicas. El modo correcto de oponerse a una asignación es el siguiente:

1. Preséntese a su local asignado y averigüe los detalles de su asignación. Puede tratar cualquier duda sobre si su asignación es apropiada con la persona que le dé la asignación, o su Supervisor en la asignación.
2. Si usted no ha resuelto el problema en su local de trabajo, puede programar una cita para tratar sus problemas en la conferencia.
3. Si usted no puede resolver sus problemas en la conferencia, puede solicitar una Audiencia Imparcial. (Para más información, favor de remitirse a la sección de este aviso sobre Información de Conferencias y Audiencias Imparciales.)
4. Durante el tiempo que usted esté oponiéndose a una asignación de trabajo, a partir del momento de su queja a su Supervisor inmediato, y si necesario hasta que se emita la decisión de la Audiencia Imparcial, usted puede rehusar desempeñar el trabajo sin pérdida inmediata de beneficios.

¿Qué tal si su estado de salud cambia de manera que afecte su capacidad de trabajo?

Trate cualquier problema relacionado con su estado de salud con su Supervisor del local de trabajo y proporcione documentación por escrito con el membrete de su médico que incluya el nombre del médico, la fecha, el diagnóstico y pronóstico, e indique que actividades de trabajo se le imposibilitan por su afección y por qué. La documentación tiene que ser original y actualizada, y no se aceptarán fotocopias.

La Agencia puede cambiar su asignación, según el problema médico indicado en la documentación que proporcione o la Agencia le puede enviar a un examen médico.

Usted puede rehusar trabajar en una asignación en razón de que la misma no corresponde a su estado médico. Durante el tiempo que usted esté oponiéndose a una asignación de trabajo, a partir de su queja a su Supervisor inmediato, y, si necesario, hasta que se emita una decisión de la Audiencia Imparcial, usted puede rehusar realizar el trabajo sin pérdida inmediata de beneficios.

Siga las instrucciones en la sección **¿Qué tal si usted recibe un Aviso de la Intención de discontinuar beneficios o un Aviso de la Intención de cambiar beneficios?** en la página 4 si usted recibe un Aviso de la Intención a raíz de un cambio en su estado médico del cual la Agencia no esté informada.

¿Qué tal si se da un cambio en sus circunstancias que le exime de los requisitos de trabajo para cupones para alimentos?

Si se da un cambio en sus circunstancias que cree le exime de los requisitos de trabajo (vea la lista en la página 2), favor de reportar el cambio a su Supervisor de su local de trabajo y a su Centro de Cupones para Alimentos.

¿Cuándo puede usted faltar a su asignación?

Usted no tiene que presentarse a su asignación los días feriados celebrados por la Agencia, en sus días de observancia religiosa (a ser documentados), o cuando tenga "causa justificada".

¿Qué significa "causa justificada" para faltar al trabajo uno o varios días?

"Causa justificada" incluye circunstancias ajenas a su voluntad incluyendo, enfermedad, emergencia familiar, servicio de jurado, citas en oficinas de HRA, o falta de acceso a transporte. "Causa justificada" también incluye entrevistas de empleo y empleo temporario o a tiempo parcial.

¿Qué tal si usted no puede venir a trabajar o si va a llegar tarde?

Usted tiene que notificar a su Supervisor por teléfono tan pronto sepa que va a estar ausente o llegar tarde. Lleve a cabo su notificación antes de su hora programada de comienzo de trabajo. Si no lo hace, puede perder sus beneficios. Al regresar a su local de trabajo, debe traer toda documentación que pueda obtener de modo razonable para indicar la razón por la cual estuvo ausente o llegó tarde.

¿Qué tal si usted está ausente o llega tarde sin causa justificada, no notifica a su Supervisor de que estará ausente o llegará tarde, o no proporciona la documentación correspondiente?

Si usted falta o llega tarde sin causa justificada, recibirá un aviso de incumplimiento de su asignación de trabajo. Puede recibir además un aviso por no notificar a su Supervisor o no proporcionar la documentación debida. Usted tendrá el derecho de solicitar una conferencia y/o una Audiencia Imparcial dentro del plazo indicado en el aviso.

¿Qué tal si usted recibe un Aviso de la Intención de discontinuar beneficios o un Aviso de la Intención de cambiar beneficios?

Si usted recibe un Aviso de la Intención de discontinuar beneficios por incumplimiento de su asignación de trabajo, tiene derecho a una Audiencia Imparcial. Sus beneficios continuarán sin cambio, a la espera de la decisión de la Audiencia Imparcial, mientras que usted haya solicitado una Audiencia Imparcial dentro del plazo indicado en el Aviso de la Intención.

**USTED TIENE DERECHO A APELAR CONTRA ESTA DECISIÓN.
ASEGÚRESE DE LEER LA SECCIÓN DE INFORMACIÓN SOBRE CONFERENCIAS Y
AUDIENCIAS IMPARCIALES DE ESTE AVISO SOBRE CÓMO APELAR CONTRA ESTA DECISIÓN.**

Información sobre Conferencias y Audiencias Imparciales – ¿Piensa Usted que Estamos Equivocados?

CONFERENCIA

Si usted considera que nuestra decisión ha sido errónea, o si no la entiende, por favor llámenos para arreglar una conferencia (reunión informal con nosotros). Para ello, llame al número de teléfono de conferencias que aparece en **la primera página** de este aviso, o escríbanos a la dirección que también aparece en **la primera página** de este aviso. A veces este resulta el modo más rápido de solucionar algún problema que pueda tener. Le recomendamos que así lo haga, aun si ha pedido una Audiencia Imparcial. En el caso de solicitar una conferencia, usted seguirá teniendo derecho a una Audiencia Imparcial. Si sólo solicita una conferencia, sus beneficios no se mantendrán sin cambios durante su apelación. Sus beneficios se mantendrán sin cambios sólo si solicita una Audiencia Imparcial Estatal. (Refiérase a la sección Mantenimiento de Su[s] Beneficio[s].)

AUDIENCIA IMPARCIAL ESTATAL

Como Solicitar una Audiencia Imparcial: Si usted considera que la(s) decisión(es) que estamos tomando es/son errónea(s), puede solicitar una Audiencia Imparcial Estatal por teléfono, por escrito, por fax, en persona o por Internet.

- (1) POR TELÉFONO:** Llame al **(800) 342-3334**. (Favor de tener este aviso a la mano cuando llame.)
- (2) POR ESCRITO:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a:
Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, NY 12201
(Por favor guarde una copia para usted.)
- (3) POR FAX:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al número: **(518) 473-6735**.
- (4) EN PERSONA:** Traiga una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, a la Oficina de Audiencias Administrativas, Oficina de Asistencia Temporal y Asistencia para Incapacitados del Estado de Nueva York (Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance) a cualquiera de las siguientes direcciones:
14 Boerum Place, Brooklyn o **330 West 34th Street, 3rd Floor, Manhattan**
- (5) POR INTERNET:** Complete una solicitud de formulario electrónico conectándose a:
<http://www.otda.state.ny.us/oah/forms.asp>

Qué Puede Esperar en la Audiencia Imparcial: El Estado le enviará una notificación que le informará de cuándo y dónde se llevará a cabo la Audiencia Imparcial. En la audiencia, usted tendrá la oportunidad de explicar la razón por la que considera que nuestra decisión es errónea. Para ayudarle a presentar su caso, usted puede traer a la audiencia a un abogado y/o testigos como familiares o amigos, y/o entregarle al Funcionario de la Audiencia cualquier documento escrito relacionado con su caso tal como: talones de paga, contratos de arrendamiento, recibos, cuentas y/o declaraciones médicas, etc. Si no puede acudir a la audiencia, puede enviar a alguien que le represente. Si tal representante no es abogado, usted debe proporcionarle una carta al Funcionario de la Audiencia informándole de que usted desea que tal persona le represente. Durante la audiencia, usted, su abogado o su representante también pueden interrogar a los testigos por parte nuestra o suya, para aclarar el caso.

ASISTENCIA LEGAL: Si necesita asistencia legal gratuita, podría obtener tal asistencia comunicándose con la Sociedad de Ayuda Legal (Legal Aid Society) de su localidad u otro grupo legal de abogacía. Usted puede localizar la Sociedad de Ayuda Legal o grupo de abogacía más cercano buscando en las Páginas Amarillas (Yellow Pages) bajo "Lawyers" (abogados).

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: Para ayudarle a prepararse para la audiencia, usted tiene el derecho de revisar los archivos de su caso. Si usted nos llama, nos escribe o nos manda un facsímil, le proporcionaremos copias gratuitas de los documentos que se encuentran en su archivo, los mismos que se entregarán al Funcionario de Audiencias durante la Audiencia Imparcial. Además, si usted nos llama, nos escribe o nos manda su petición por facsímil, le enviaremos copias gratuitas de documentos específicos contenidos en su archivo y que usted considere necesarios para prepararse para la Audiencia Imparcial. Para pedir documentos o para averiguar cómo revisar su archivo, llámenos al **(718) 722-5012**, por facsímil al **(718) 722-5018** o escriba a: **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**. Si desea copias de documentos contenidos en su archivo, debe pedirlos con anticipación. Éstas se le enviarán dentro de un plazo adecuado antes de la fecha de la audiencia. Los documentos serán enviados por correo sólo si lo solicita específicamente.

INFORMACIÓN: Si desea más información sobre su caso, cómo solicitar una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escribanos al número telefónico y/o dirección que aparecen en **la primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Mantenimiento de Su(s) Beneficio(s): Si nuestra decisión ha afectado sus beneficios y usted pide una Audiencia Imparcial dentro de diez (10) días desde la fecha de este aviso, le restauraremos sus beneficios al nivel que estaban antes de este aviso, hasta que se emita la decisión de la Audiencia Imparcial.

Por favor tenga presente que si solicita sólo una conferencia, en vez de una Audiencia Imparcial, dentro del plazo indicado en la sección Mantenimiento de Su(s) Beneficio(s), sus beneficios no permanecerán los mismos.

Si usted pierde la Audiencia Imparcial, tendrá que reembolsar cualquier beneficio que haya recibido, sin tener derecho al mismo, mientras esperaba la decisión. Si usted no desea que sus beneficios se mantengan sin cambios hasta que se emita una decisión, debe informarle al Estado cuando llame para pedir una Audiencia Imparcial o, si envía este aviso de regreso, marque la casilla a continuación:

No deseo que mis beneficios continúen sin cambios hasta que la decisión de la Audiencia Imparcial sea emitida.

Fecha Límite: Si usted desea que el Estado repase nuestra decisión, debe solicitar un Audiencia Imparcial dentro de (90) días desde la fecha del aviso de asuntos de asignaciones de actividades de trabajo.

Si no logra comunicarse con la Oficina de Asistencia Temporal y de Asistencia para Incapacitados del Estado de Nueva York (New York State Office of Temporary and Disability Assistance) por teléfono, por fax, en persona o por Internet, favor de enviar por escrito su solicitud de Audiencia Imparcial antes de la fecha límite.

Deseo una Audiencia Imparcial. La decisión de la Agencia es errónea porque:

SAMPLE

Nombre en
letra de molde: _____
Nombre | I. | Apellido

Número de Caso: _____

Dirección: _____

Teléfono: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Firma: _____

Fecha: _____

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Mandatory Return Appointment Notice To Employment Vendor (Non Cash Assistance Food Stamp Participant)

As a condition of eligibility for food stamp benefits, you, as a Non Cash Assistance Food Stamp (NCA FS) participant, are required by federal and state law and regulations to participate in a food stamp employment and training program, unless you are otherwise exempt. You have provided your employment vendor with a potential reason that may make you exempt from this requirement, or you have failed to provide the required employment documentation as indicated in your initial Mandatory Appointment Notice. Because valid documentation is required we have scheduled the following return appointment for you with the employment vendor. Please bring the following required documentation with you to this appointment.

The purpose of this return appointment is not only to provide documentation but to complete the assessment process.

Required Documentation/Comments:

Appointment Date: _____ Time: _____ Telephone: _____

Vendor Name: _____

Vendor Address: _____

City: _____ State: _____ Zip Code: _____

For travel information, please call the Metropolitan Transportation Authority at (718) 330-1234.

This is a mandatory engagement appointment. If you are unable to obtain the required documentation listed above, you must still keep the return appointment to avoid a reduction or termination of your food stamp benefits.

**FAILURE TO KEEP THIS APPOINTMENT OR FAILURE TO PARTICIPATE AS REQUIRED
MAY RESULT IN THE REDUCTION OR TERMINATION OF YOUR FOOD STAMP BENEFITS.**

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____

Aviso de Cita Obligatoria de Regreso al Contratista de Empleo (Participante de Cupones para Alimentos Sin Asistencia en Efectivo)

Como condición de elegibilidad de cupones para alimentos, usted, como participante de Asistencia No en Efectivo de Cupones para Alimentos (NCA FS), está obligado por leyes y reglamentos estatales y federales a participar en un programa de empleo y capacitación, a menos que esté exento por alguna razón. Usted le ha proporcionado a su contratista de empleo una posible razón que le pueda eximir de esta estipulación, o no ha proporcionado la documentación de empleo necesaria, como se le había indicado en el Aviso de Cita Obligatoria inicial. Porque se necesita documentación válida, le hemos programado la siguiente cita de regreso con su contratista de empleo. Favor de traer consigo la siguiente documentación necesaria a esta cita.

El propósito de esta cita de regreso no es solamente proporcionar la documentación sino además completar el proceso de evaluación.

Documentación Necesaria/Comentarios:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Nombre del Contratista: _____
Dirección del Contratista: _____
Ciudad: _____ Estado: _____ Código Postal: _____

Para obtener las indicaciones de viaje favor de llamar a la Autoridad de Transporte Metropolitano (Metropolitan Transportation Authority) al (718) 330-1234.

Esta cita de participación es obligatoria. Si no puede obtener los documentos necesarios que se indican arriba, debe todavía mantener su cita de regreso para evitar que se reduzcan o terminen sus beneficios de cupones para alimentos.

EL NO PRESENTARSE A ESTA CITA O NO PARTICIPAR COMO DEBIDO PUEDE RESULTAR EN LA REDUCCIÓN O TERMINACIÓN DE SUS BENEFICIOS DE CUPONES PARA ALIMENTOS.

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Participant Request for Review of Employability Status

I claim that I am exempt from the food stamp work requirements because:

SAMPLE

Participant's Signature

Date

In order to review your claim of being exempt from the food stamp work requirements, we need the documentation indicated below.

We need the information listed above on or before _____ in order to consider your claim of exemption from the food stamp work requirements. If you have any questions please call _____ or report to this office.

Worker's Signature

Date

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____

Petición del Participante para Revisar Su Empleabilidad

Yo afirmo que soy exento de los requisitos de trabajo de cupones para alimentos porque:

SAMPLE

Firma del Participante

Fecha

Para poder revisar su afirmación de que usted es exento de los requisitos de trabajo de cupones para alimentos, necesitaremos los documentos indicados más abajo:

Nosotros necesitamos la información que se menciona arriba en o antes del _____, para poder tomar en cuenta su afirmación de la exención de los requisitos de trabajo de cupones para alimentos. Si tiene alguna pregunta, favor de llamar al _____ o preséntese a esta oficina.

Firma del Trabajador

Fecha

Physician's Functional Assessment Form

To assist the New York City Human Resources Administration in determining your patient's functional capacity and ability to participate in work-related activities, please complete and sign this report and/or provide copies of any medical reports and/or progress notes that would be relevant to making this determination. Use the lines on the reverse side and/or attach extra sheet(s) if necessary.

Patient's Name: _____ Date: _____

Age: _____ Male Female

I. Current Diagnoses	Date of Onset

II. Relevant Clinical Findings (which may include physical exam, mental status exam, labs, EKG, X-rays, or other specialty exams):

III. Clinical Course (including type of treatment and response, medication(s), dose and frequency, and prognosis):

IV. Functional Capacity: How do your patient's diagnoses and symptoms affect his/her physical, mental and/or emotional capacity to participate in work-related activities? What type of work can your patient perform? What type of work should be avoided? Please select from the categories listed below and provide additional comments, as needed.

- No functional limitations.**
- Employable with functional limitations.** What are the functional limitations, what type of workplace accommodations are recommended, and what type of work can your patient perform?
- Temporarily unemployable.** Please specify timeframe in which you expect your patient will be able to participate in work-related activities with or without limitations.
- Unable to work for at least 12 months** (may be eligible for long-term disability benefits).
- Cannot determine; more information is needed. Specify:**

Physician's Name (please print): _____

Physician's Signature: _____ License Number: _____

Address: _____ Telephone Number: _____ Date: _____

SAMPLE

Formulario de Evaluación Funcional Médica

Para ayudar a la Administración de Recursos Humanos de la Ciudad de Nueva York a determinar la capacidad funcional de su paciente y su aptitud para participar en actividades relacionadas con el trabajo, favor de llenar y firmar este informe y/o proporcionar copias de cualquier informe médico y/o notas que documenten el estado del paciente y que sean pertinentes a esta determinación. Use el reverso o y/o adjunte hoja(s) adicionales si es necesario.

Nombre del Paciente: _____ Fecha: _____
Edad: _____ Hombre Mujer

I. Diagnóstico Actual	Fecha de Aparición

II. Resultados Clínicos Pertinentes (lo que puede incluir examen físico, examen de estado mental, pruebas de laboratorio, ECG, rayos X, u otros exámenes especiales):

III. Evolución Clínica (incluido el tipo de tratamiento y reacción, medicamento(s), dosis y frecuencia, y pronóstico):

SAMPLE

IV. Capacidad Funcional: ¿Cómo afectan los diagnósticos y síntomas de su paciente su aptitud física mental, y/o emocional para participar en actividades relacionada con el trabajo? ¿Qué tipo de trabajo puede desempeñar su paciente? ¿Qué tipo de trabajo debe evitarse? Favor de seleccionar entre las categorías indicadas abajo y proporcionar comentarios adicionales, según convenga.

Ninguna limitación funcional

Empleable con limitaciones funcionales. ¿Cuáles son las limitaciones funcionales, qué tipo de arreglos a su local de trabajo se recomiendan, y qué tipo de trabajo puede desempeñar su paciente?

Temporalmente no empleable. Favor de especificar el período de tiempo en el cual usted anticipa que su paciente podrá participar en actividades relacionadas al trabajo con o sin limitaciones.

Incapaz de trabajar durante por lo menos 12 meses (puede ser elegible para beneficios a largo plazo para incapacitados).

No se puede determinar; se necesita más información. Especifique:

Nombre del médico (en letra de molde por favor): _____
Firma del médico: _____ Número de Licencia: _____
Dirección: _____ Número de Teléfono: _____ Fecha: _____

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Center: _____

Family Care Assessment

Dear Physician/Treatment Facilitator:

Mr./Ms. _____ has declared that he/she is not able to participate in an employment program activity at this time because of the need to care for a disabled/sick household member. The sick/disabled individual is your patient.

The name of the patient is: _____.

Please complete **page 2** of this form so that this Agency will be able to better assess the participant's availability to engage in an employment program.

Thank you for your cooperation.

Sincerely,

SAMPLE

Interviewer's Signature

I hereby authorize the release of this information to the Human Resources Administration's Family Independence Administration.

Patient's Signature

Date

Care Required for Sick/Disabled Household Member

To be completed by physician

Patient's Name: _____ Age: _____

Patient's Address: _____

Date last evaluated: _____

Diagnosis: _____

This is a: permanent disability temporary disability

If temporary, length of disability: _____ to _____.

Patient Limitations: If the information pertains to a child under 19 years of age, please indicate only those items that you consider to be age-appropriate functions/abilities.

Can this patient:	<u>With Assistance</u>	<u>Without Assistance</u>
1. Ambulate inside the house?		
2. Ambulate outside the house?		
3. Get up from bed?		
4. Get up from a seated position?		
5. Go to the toilet?		
6. Dress?		
7. Wash?		
8. Bathe?		
9. Prepare meals?		
10. Feed himself/herself?		

SAMPLE

Please note any major physical or mental impairments that limit this patient's ability to care for himself/herself (e.g., blindness, deafness, memory impairment, etc.): _____

Can the patient manage without home care services during the day (between 9:00 AM and 5:00 PM)?

- Yes
- No, part-time home care is needed from: _____ AM/PM to _____ AM/PM
Circle the days home care services are needed: (Mon Tues Wed Thu Fri Sat Sun)
- No, full-time home care is needed. If this is indicated, enter the name and telephone number of the person or agency currently providing home care service to patient.

Name of person or agency: _____

Telephone Number: _____

Physician's Name (please print): _____

Physician's License Number: _____ Telephone Number: _____

Business Address: _____

Physician's Signature: _____ Date: _____

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro: _____

Evaluación de Cuidado Familiar

Estimado Médico/Administrada de Tratamiento:

El/La Señor(a) _____ ha declarado que no puede participar en una actividad del programa de empleo actualmente porque necesita cuidar a un miembro del hogar incapacitado/enfermo.

La persona enferma/incapacitada es paciente suyo.

El nombre del paciente es: _____

Favor de llenar la **página 2** de este formulario para que esta Agencia pueda evaluar mejor la disponibilidad del participante para un programa de empleo.

Gracias por su cooperación.

Atentamente,

Firma del Entrevistador

Por la presente, autorizo que se revele esta información a la Administración de Independencia Familiar (Family Independence Administration) de la Administración de Recursos Humanos (Human Resources Administration).

Firma del Paciente

Fecha

Care Required for Sick/Disabled Household Member

To be completed by physician

Patient's Name: _____ Age: _____

Patient's Address: _____

Date last evaluated: _____

Diagnosis: _____

This is a: permanent disability temporary disability

If temporary, length of disability: _____ to _____.

Patient Limitations: If the information pertains to a child under 19 years of age, please indicate only those items that you consider to be age-appropriate functions/abilities.

Can this patient:	<u>With Assistance</u>	<u>Without Assistance</u>
1. Ambulate inside the house?		
2. Ambulate outside the house?		
3. Get up from bed?		
4. Get up from a seated position?		
5. Go to the toilet?		
6. Dress?		
7. Wash?		
8. Bathe?		
9. Prepare meals?		
10. Feed himself/herself?		

SAMPLE

Please note any major physical or mental impairments that limit this patient's ability to care for himself/herself (e.g., blindness, deafness, memory impairment, etc.): _____

Can the patient manage without home care services during the day (between 9:00 AM and 5:00 PM)?

- Yes
- No, part-time home care is needed from: _____ AM/PM to _____ AM/PM
Circle the days home care services are needed: (Mon Tues Wed Thu Fri Sat Sun)
- No, full-time home care is needed. If this is indicated, enter the name and telephone number of the person or agency currently providing home care service to patient.

Name of person or agency: _____

Telephone Number: _____

Physician's Name (please print): _____

Physician's License Number: _____ Telephone Number: _____

Business Address: _____

Physician's Signature: _____ Date: _____