



FAMILY INDEPENDENCE ADMINISTRATION

Matthew Brune, Executive Deputy Commissioner



James K. Whelan, Deputy Commissioner
Policy, Procedures, and Training

POLICY DIRECTIVE #10-35-EMP

SUBSIDIZED JOB PROGRAM BONUS PAYMENT INCENTIVE

Date: October 15, 2010	Subtopic(s): Bonus Payment
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AUDIENCE The instructions in this policy directive are for staff in the Human Resources Administration (HRA) Finance Office, Business Link, and in the Special Project Center. They are informational for all other staff.

POLICY Under the New York State (NYS) Temporary Assistance For Needy Families (TANF) Plan, State funds may be used to provide one-time payments to families who have incomes that do not exceed 200% of the federal poverty level and/or are eligible to receive benefits and services under the Food Stamp Program (also known as the Supplemental Nutrition Assistance Program [SNAP]), Home Energy Assistance Program (HEAP), or NYS Child Care Block Grant.

BACKGROUND The NYS Office of Temporary and Disability Assistance (OTDA) has allocated specific Economic Stimulus funding which is being used toward a one-time bonus payment for HRA Transitional, Healthcare, and Green Subsidized Jobs Program participants.

See [PD #09-48-EMP](#) for further information about HRA Transitional, Health Care and Green Subsidized Jobs Programs.

Under the bonus payment initiative, individuals may receive a \$500 bonus payment if they have:

- Maintained employment in a full-time HRA Transitional, Healthcare, or Green Subsidized Jobs Program for at least 30 calendar days;
- Complied with all HRA Transitional, Healthcare, or Green Subsidized Jobs Program requirements;

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send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

- Obtained full-time unsubsidized employment paying at least minimum wage within 30 days of leaving the HRA Transitional, Healthcare, or Green Subsidized Jobs Program (the full-time employment must average at least 35 hours per week or for persons who were enrolled in a Comprehensive Service Model [CSM] program, at least 30 hours per week or for persons who were enrolled in a Wellness Comprehensive Assessment, Rehabilitation and Employment [WeCARE] program, at least 30 hours or no less than their required WeCARE hours); and
- Maintained full-time unsubsidized employment for at least 30 calendar days.

Note: Some participants will make the transition from subsidized employment to unsubsidized employment with the same employer. Business Link has developed and will distribute a letter to inform these participants of their unsubsidized employment start date.

HRA Transitional, Healthcare, and Green Subsidized Jobs Program vendors will manually distribute the HRA Bonus Payment Overview (**FLY-85A**) flyer to their participants. The **FLY-85A** provides a brief overview of the bonus payment initiative and it lists the criteria that must be met in order to qualify for a bonus payment. The **FLY-85A** also informs these participants that they will be mailed a letter from HRA providing further details about the bonus payment initiative.

Bonus Payment Mailing

All individuals registered in New York City Work Accountability and You (NYCWAY) who are currently employed, or have previously been employed in an HRA Transitional, Healthcare, or Green Subsidized Jobs Program and remained active in their job program for at least 30 days without being terminated or voluntarily quitting without good cause, will be assigned action code **18BL** (Bonus Payment Letter Sent) or, if they were enrolled in a WeCARE and/or CSM program, action code **18BW** (Bonus Payment Letter Sent [CAS]) in NYCWAY. Management Information Systems (MIS) will automatically mail these persons a Request for Proof of Bonus Payment Eligibility (**EXP-85XX**) letter or, if they were enrolled in a WeCARE and/or a CSM program, a Request for Proof of Bonus Payment Eligibility (CAS) (**W-351A**). These persons will then be placed on the **FEDST** worklist in NYCWAY. Vendors and designated HRA staff must check the **FEDST** worklist to determine whether an individual has been mailed the **EXP-85XX** or **W-351A** letter.

Automatic mailing of the **EXP-85XX** and **W-351A**.

The **EXP-85XX** and **W-351A** letters will be generated on the 15th calendar day of each month or the next business day if the 15th falls on a weekend or holiday. These letters provide details on how to qualify for the bonus payment and they include an HRA Bonus Payment Claim Form on the third page.

Potentially eligible individuals must submit the claim form along with proof of at least 30 calendar days of unsubsidized employment to their Subsidized Jobs Program vendor.

The letters instruct potentially eligible individuals to complete and submit the claim form in person or by mail, to the HRA Transitional, Healthcare, or Green Subsidized Jobs Program vendor along with proof that they have remained employed in an unsubsidized job for at least 30 calendar days.

Manual Mailing

The Office of Employment Services (OES) will manually mail the **EXP-85XX** to all individuals who are not registered in NYCWAY and are currently employed, or have previously been employed in an HRA Transitional, Healthcare, or Green Subsidized Jobs Program and remained active for at least 30 days without being terminated or voluntarily quitting without good cause. The Stimulus Eligibility Review and Tracking System (SERTS) will generate a monthly report listing all individuals who are scheduled for the manual mailing. On a monthly basis, the OES will send the vendors a list of all persons that they mailed a copy of the **EXP-85XX** to.

Note: All WeCARE and CSM program participants will receive the auto-generated **W-351A** letter.

Upon receiving a participant's documents, the vendor will ensure that the individual's name is either listed on the **FEDST** worklist or on the list of persons who were mailed the **EXP-85XX** by OES. Only those persons whose names are included on one of the two lists may be eligible to receive a bonus payment. Vendors have been instructed to contact OES if they believe that an individual's name was omitted from one of the lists as the result of an error. If the individual's name was omitted as the result of an error, OES will ensure that the worklist is amended accordingly.

The vendor will then review the documentation received from potentially eligible individuals to ensure that these persons have submitted proof of sufficient unsubsidized employment. Vendors must contact the individuals who have submitted insufficient proof of unsubsidized employment and attempt to obtain the appropriate documentation within two weeks.

Note: Vendors that have scanning capabilities must scan all documents received from potentially eligible individuals to MIS. MIS will ensure that these documents are available in the HRA OneViewer. Vendors must be sure to retain copies of all documents received.

All bonus payment claims received by vendors must be forwarded to the HRA Finance Office within 15 calendar days of receipt (regardless of whether the person has provided proof of employment within that timeframe). Vendors must fax a completed Human Resources Administration Client Incentive Bonus Transmittal (**Attachment A**) form along with the HRA Bonus Payment Claim form and supporting documentation to the HRA Finance Office at **(212) 331-4295**.

OES will amend the worklist if a name was omitted as a result of an error.

Note: Vendors must not forward documentation received from persons who have not been identified by HRA as potentially eligible.

NYCWAY Stimulus Job Bonus Subsystem

The Special Projects Center will confirm bonus payment eligibility for current and former CA participants.

MIS has developed a new application in NYCWAY titled “Stimulus Job Bonus Subsystem”. The Stimulus Job Bonus Subsystem will allow staff within the HRA Finance Office and the FIA Special Project Center to process and track bonus payments. This system lists only current and former CA participants who have been mailed either the **EXP-85XX** or **W-351A** letter.

The Stimulus Job Bonus Subsystem will display and store the following information:

- the participant’s start and end dates with the subsidized employer.
- the participant’s mailing address (as indicated on his/her Bonus Payment Claim Form).
- the Subsidized Job type (Health, Transitional, or Green).
- the earliest possible date that a participant would be eligible to receive a bonus payment (Subsidized Job completion date + 30 days).
- the bonus payment eligibility recommendation made by the HRA Finance Office. This recommendation is made after the review of documentation has been completed.
- the bonus payment approval/denial code (entered by Special Project Center staff).
- the date that the bonus payment was approved/denied by the Special Project Center.

- the bonus payment denial reason (if denied by Special Project Center staff).
- the date that a bonus payment check was mailed to the participant (if a payment was approved by the Special Project Center). This date is entered by the HRA Finance Office.

HRA Finance Office and Special Project Center staff can refer to the Bonus Payment Action Code Desk Guide (**Attachment B**) for a description of Bonus Payment-related NYCWAY Action Codes and the Subsidized Jobs Program Action Code Desk Guide (**Attachment C**) for a listing of action codes associated with the Subsidized Jobs Program.

Human Resources Administration Client Incentive Bonus Transmittal Sheet

Business Link will confirm bonus payment eligibility for persons who are not current or former CA participants.

Bonus payment requests received from persons who are not current or former CA participants will be tracked and processed manually using the Human Resources Administration Client Incentive Bonus Transmittal sheet. This transmittal sheet is used to document the following information:

- whether or not the participant’s name was included on the SERTS monthly mailing list.
- the participant’s mailing address (as indicated on his/her Bonus Payment Claim Form).
- the earliest possible date that a participant would be eligible to receive a bonus payment (Subsidized Job completion date + 30 days).
- the bonus payment eligibility recommendation made by the HRA Finance Office. This recommendation is made after the review of documentation has been completed.
- the bonus payment approval/denial decision (entered by Business Link staff).

Note: Designated staff must also check SERTS to determine the eligibility of persons who are not current or former CA participants.

REQUIRED ACTION

When a Subsidized Jobs Program vendor forwards a bonus payment claim to the HRA Finance Office, the designated staff member will:

- confirm that the participant’s name is listed in either the Stimulus Job Bonus Subsystem or on the SERTS monthly mailing report.

Only individuals whose names are listed in the Stimulus Job Bonus Subsystem or on the SERTS monthly mailing report will be eligible to receive a bonus payment.

- If the participant's name is listed on the SERTS monthly mailing report, the HRA Finance Office will forward his/her claim along with a transmittal form to Business Link for a final eligibility determination.

Note: HRA Finance Office will not review documentation and make bonus payment recommendations for persons who are not current or former CA participants.

- If the participant's name is listed in the Stimulus Job Bonus Subsystem, the HRA Finance Office will continue to process the claim following the steps listed below.

Staff can refer to the NYCWAY Stimulus Job Bonus Subsystem Desk Guide (**Attachment D**) for detailed instructions on using the Stimulus Job Bonus Subsystem.

- identify whether the individual was assigned action code **18BL** or **18BW** in the Stimulus Bonus Subsystem.
- verify the program completion date in the Stimulus Job Bonus Subsystem.
- review all documentation submitted by the vendor.
- scan and index all documentation received into the HRA OneViewer (if the vendor did not already scan the documents).
- access the NYCWAY Stimulus Job Bonus Subsystem and enter action code **18BR** (bonus payment recommended) if the documentation received appears to be sufficient or action code **18BN** (bonus payment not recommended) if the documentation appears to be insufficient.

A bonus payment claim must not be processed if there is no Subsidized Jobs Program completion date listed in NYCWAY or on the SERTS monthly mailing report. In such instances, the designated staff member from the HRA Finance Office must contact OES at **(212) 331-5709** to inform them of this issue.

Designated staff within the OES will contact the vendor to determine the reason for the missing completion date. Once the reason has been determined, the vendor/OES staff member will update NYCWAY/SERTS. The HRA Finance Office/Business Link must continue to process the bonus payment claim once a completion date has been entered in NYCWAY/SERTS.

Processing Bonus Payment Claims Received from Current and Former CA Participants

Special Project Center staff can refer to **Attachment C** for a list of NYCWAY action codes which describe an individual's program participation status.

The following NYCWAY office codes designate the WeCARE vendors: **Y01** (FEGS/Manhattan), **Y02** (FEGS/Bronx), **Y52** (ArborT), **Y80** (Arbor/Goodwill site).

Special Project Center staff must check NYCWAY to determine an individual's required WeCARE hours.

On a daily basis, designated FIA Special Project Center staff must:

- access the Stimulus Bonus Subsystem and identify whether the individual has been assigned action code **18BL** or **18BW**.
- review the recommendation made by the HRA Finance Office. The designated staff member must also ensure that the individual has met all of the following eligibility criteria:
 - Maintained employment in a full-time HRA Transitional, Healthcare, or Green Subsidized Jobs Program for at least 30 calendar days;
 - Complied with all HRA Transitional, Healthcare, or Green Subsidized Jobs Program requirements;
 - Obtained full-time unsubsidized employment paying at least minimum wage within 30 days of leaving the HRA Transitional, Healthcare, or Green Subsidized Jobs Program (the full-time employment must average at least 35 hours per week or for persons who were enrolled in a CSM program, at least 30 hours per week or for persons who were enrolled in a Wellness Comprehensive Assessment, Rehabilitation and Employment [WeCARE] program, at least 30 hours per week or no less than their required WeCARE hours);

Note: WeCARE participants who are subject to work requirements must work 25, 30, or 35 hours per week depending upon their needs. However for bonus payment eligibility purposes, former WeCARE participants who were required to work 35 hours per week will only be required to work 30 hours per week in their unsubsidized jobs. Former WeCARE participants who were required to work 30 hours or less per week will be required to work no less than their required WeCARE hours in their unsubsidized jobs.

- Maintained full-time unsubsidized employment for at least 30 calendar days.
- access the HRA OneViewer to review the documentation received by the HRA Finance Office.
- make a final eligibility determination based on a review of the documentation available in the HRA OneViewer and the information available in NYCWAY.

- post bonus payment approval code **18BA** or denial code **18BD** in the Stimulus Job Bonus Subsystem. The approval/denial code will appear in NYCWAY.

After posting the approval/denial code in the Stimulus Job Bonus Subsystem, the designated staff member must:

- prepare a Notice of Decision on HRA Bonus Payment (**EXP-86D**). The notice informs the individual of the agency's decision on his/her request for a bonus payment.
 - If the participant's claim is accepted, enter the date that the bonus payment was approved.
 - If the participant's claim is denied, enter the reason for denial.
- scan and index a copy of the form into the HRA OneViewer.
- mail the **EXP-86D** to the address that the individual listed on the HRA Bonus Payment Claim Form. If there is no address listed on the claim form, send the **EXP-86D** to the address listed in the Welfare Management System (WMS).

On a daily basis, the HRA Finance Office will review the Stimulus Job Bonus Subsystem and mail a \$500 check to all participants who have been assigned approval code **18BA**. The HRA Finance Office will mail the check to the address that the participant listed on the HRA Bonus Payment Claim Form. If there is no address listed on the claim form, the check must be sent to the last address listed in WMS. Designated staff within the HRA Finance Office will post action code **18BP** in NYCWAY once a bonus payment has been issued.

Processing Bonus Payment Claims Received from All Other Participants:

On a daily basis, designated staff at Business Link will:

- review all documentation received from the HRA Finance Office;
- scan the documents received into the shared drive designated for documentation that cannot be stored in the HRA OneViewer;
- access SERTS to determine whether or not the individual has met all eligibility criteria;
- make a final eligibility determination based on a review of the documentation/eligibility criteria;

- annotate the Human Resources Administration Client Incentive Bonus Transmittal sheet by entering an “X” in either the approval or denial column;
- forward the transmittal sheet listing the final eligibility determination to the HRA Finance Office; and
- send the participant the **EXP-86D** to inform him/her of the final eligibility determination.

On a daily basis, the HRA Finance Office will also review transmittals received from Business Link. The HRA Finance Office will mail a \$500 check to all participants who have an “X” marked in the approval column on the transmittal sheet.

Lost, Stolen, Damaged, and Undeliverable Bonus Payment Checks

Bonus payment checks that are returned undeliverable by the United States Postal Service (USPS) will be routed directly to the HRA Finance Office.

If a bonus payment check is returned undeliverable, a designated staff member from the HRA Finance Office will access the HRA OneViewer to review the telephone number that was listed on the HRA Bonus Payment Claim Form or review a hardcopy of the claim form if the individual is not a current or former CA participant. The designated staff member must then call the individual using the telephone number listed on the claim form and ask him/her to come to the HRA Finance Office to pick up the check.

Persons who report a lost, stolen, or damaged check must be instructed to contact the HRA Finance Office at **(212) 331-3624**. The HRA Finance Office will investigate these claims and re-issue bonus payment checks as necessary.

Persons who visit the Job Center to inquire about the HRA bonus payment initiative must be instructed to contact their vendor.

**PROGRAM
IMPLICATIONS**

Paperless Office
System (POS)
Implications

There are no POS Implications.

Food Stamp Implications There are no Food Stamp implications.

Medicaid Implications There are no Medicaid implications.

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

For Limited English-Speaking Ability (LESA) and hearing-impaired 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

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

Conferences

At the Special Project Center

If a participant contacts the Special Project Center to request a conference regarding the denial of a bonus payment, the designated staff member must direct him/her to the Fair Hearing and Conference (FH&C) unit. Staff within the FH&C unit will evaluate any material presented by the participant, review the case file, and determine whether or not the decision should be reversed. If the participant fails to show good cause for submitting inadequate documentation or if it is determined that the Agency’s action(s) should stand, the designated staff member will explain to the participant why the decision cannot be reversed.

The amount of the bonus payment is not subject to a conference.

If the participant elects to continue his/her appeal by requesting a Fair Hearing or proceeding to a Fair Hearing already requested, the FH&C staff member must ensure that further appeal is properly controlled and that appropriate follow-up actions are taken in all phases of the Fair Hearing process.

Conferences

At Business Link


If a participant contacts Business Link to request a conference regarding the denial of a bonus payment, the designated staff member must direct him/her to the FH&C unit within the Special Project Center. Special Project Center staff must follow the process described above.

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

REFERENCE NYS TANF Plan, paragraphs xxvii and xxxiv.

RELATED ITEM [PD #09-48-EMP](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

- Attachment A** Human Resources Administration Client Incentive Bonus Transmittal
- Attachment B** Bonus Payment Action Code Desk Guide
- Attachment C** Subsidized Jobs Program Action Code Desk Guide
- Attachment D** NYCWAY Stimulus Job Bonus Subsystem Desk Guide
- EXP-85XX** Request for Proof of Bonus Payment Eligibility
- EXP-85XX (S)** Request for Proof of Bonus Payment Eligibility (Spanish)
- EXP-86D** Notice of Decision on HRA Bonus Payment
- EXP-86D (S)** Notice of Decision on HRA Bonus Payment (Spanish)
- FLY-85A** HRA Bonus Payment Overview
- FLY-85A (S)** HRA Bonus Payment Overview (Spanish)
- W-351A** Request for Proof of Bonus Payment Eligibility (CAS)
- W-351A (S)** Request for Proof of Bonus Payment Eligibility (CAS) (Spanish)

Bonus Payment Action Code Desk Guide

NYCWAY Action Code	Description	Function	Utilized By
18BA	Bonus Payment Approved	To identify individuals whose request for bonus payment has been approved.	Designated staff within the Special Projects Center
18BD	Bonus Payment Denied	To identify individuals whose request for bonus payment has been denied.	Designated staff within the Special Projects Center
18BL	Bonus Payment Letter Sent	To identify individuals who have been sent a Request for Proof of Bonus Payment Eligibility (EXP-85XX).	MIS
18BM	Bonus Payment Letter Sent Manually	To identify individuals who have been manually mailed a Request for Proof of Bonus Payment Eligibility (EXP-85XX)	MIS
18BN	Bonus Payment Not Recommended	To identify individuals who do not submit satisfactory documentation.	Designated staff within the HRA Finance Office
18BP	Bonus Payment Made	To identify individuals who have been sent a bonus payment.	Designated staff within the HRA Finance Office
18BR	Bonus Payment Recommended	To identify individuals for whom a bonus payment has been recommended.	Designated staff within the HRA Finance Office
18BW	Bonus Payment Letter Sent	To identify CAS/WeCARE participants who have been mailed a Request for proof of Bonus Payment Eligibility (EXP-85XX)	Designated staff within CAS
18BX	Bonus Payment Cancelled	To cancel any bonus payment codes that have been entered in NYCWAY	MIS

Subsidized Jobs Program Action Code Desk Guide

NYCWAY Action Code	Description
14FS	Filter: Stimulus Participant
15DM	POP Stimulus Weatherization Grant Diversion Program
15ER	Resignation From Employment
15FM	POP Stimulus Green/Ed Grant Diversion Program
15GM	Client Working In DOS Stimulus JTP
15MM	POP Stimulus GREEN/Million Trees
15PC	JTP Completion
15RC	Client Completed HRA JTP
15RM	Client Working In HRA JTP
15RR	Resigned From HRA JTP
15RV	Completed HRA JTP – Hired at HRA
15RW	Completed HRA JTP
15RW	Completed HRA JTP – Hired at Outside of HRA
15SC	Client Completed DOS JTP
15SR	Resigned From DOS JTP
15SV	Completed DOS JTP – Hired at DOS
15SW	Completed DOS JTP – Hired Outside DOS
15TM	POP Stimulus Transitional Grant Diversion Program
16FI	FIA3A – Informational Only

Attachment C

NYCWAY Action Code	Description
16FS	Federal Stimulus Job Informational FIA3A
16JT	WeCARE Stimulus Job Placement
16JU	WeCARE Business Link Stimulus Job Placement
16SL	Federal Stimulus List
16SR	Federal Stimulus Rollover Informational FIA3A
18BA	Bonus Payment Approved
18BD	Bonus Payment Denied
18BL	Bonus Payment Letter Sent
18BM	Bonus Payment Letter Sent Manually
18BN	Bonus Payment Not Recommended
18BP	Bonus Payment Made
18BR	Bonus Payment Recommended
18BW	Bonus Payment Letter Sent (CAS)
18BX	Bonus Payment Cancelled
18ER	Resigned From Stimulus Job – Good Cause
18GE	Stimulus Green Job TEAP
18GG	Stimulus Green Job Non-TEAP
18HE	Stimulus Health Care Job TEAP
18HH	Stimulus Health Care Job Non-TEAP
18SX	Stimulus Participant Cancelled
18TE	Stimulus Transitional Job TEAP
18TT	Stimulus Transitional Job Non TEAP

Attachment C

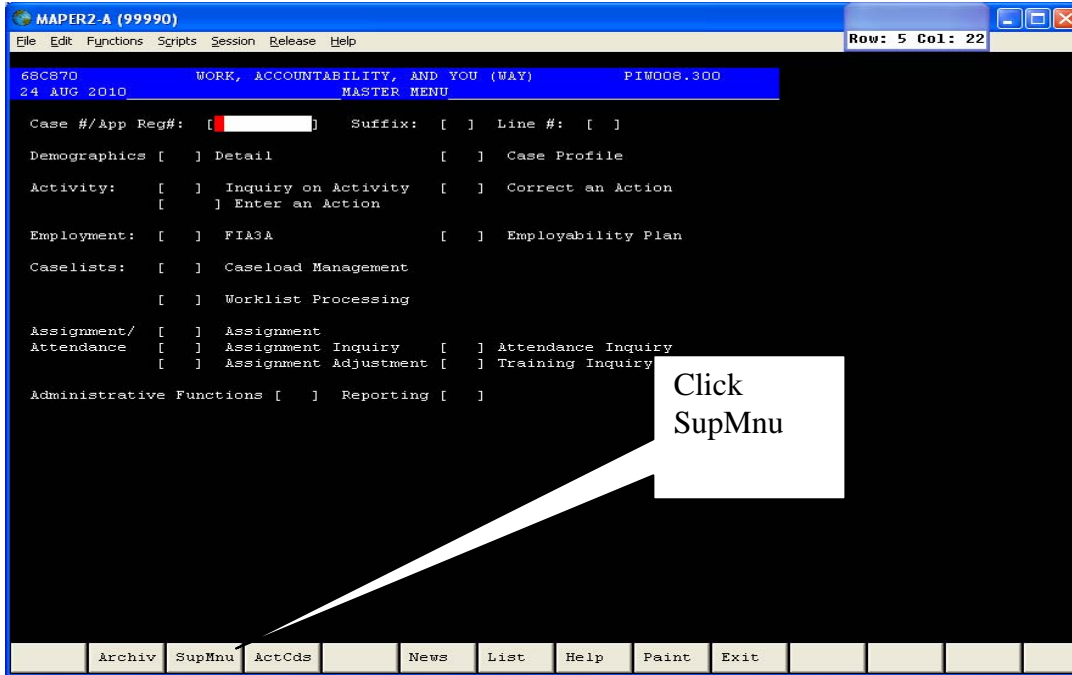
NYCWAY Action Code	Description
18TX	Admin Cancellation Stimulus Code
24JT	CSM Stimulus Job Placement
24JU	CSM Business Link Job Placement
124T	BEGIN Stimulus Job Placement
124U	BEGIN Business Link Stimulus Job Placement
153T	BTW Stimulus Job Placement
153U	Stimulus GREEN Job Non-Teap
155V	Grant Diversion Completed – Hired at Parks
155W	Grant Diversion Completed – Hired Outside Parks
160F	Job Placement - Full Time
160P	Job Placement - Part Time
167I	FIA 3A In Progress
180M	Stimulus Job Completed
180R	Stimulus Job to Unsubsidized Employment

NYCWAY Stimulus Job Bonus Subsystem Desk Guide

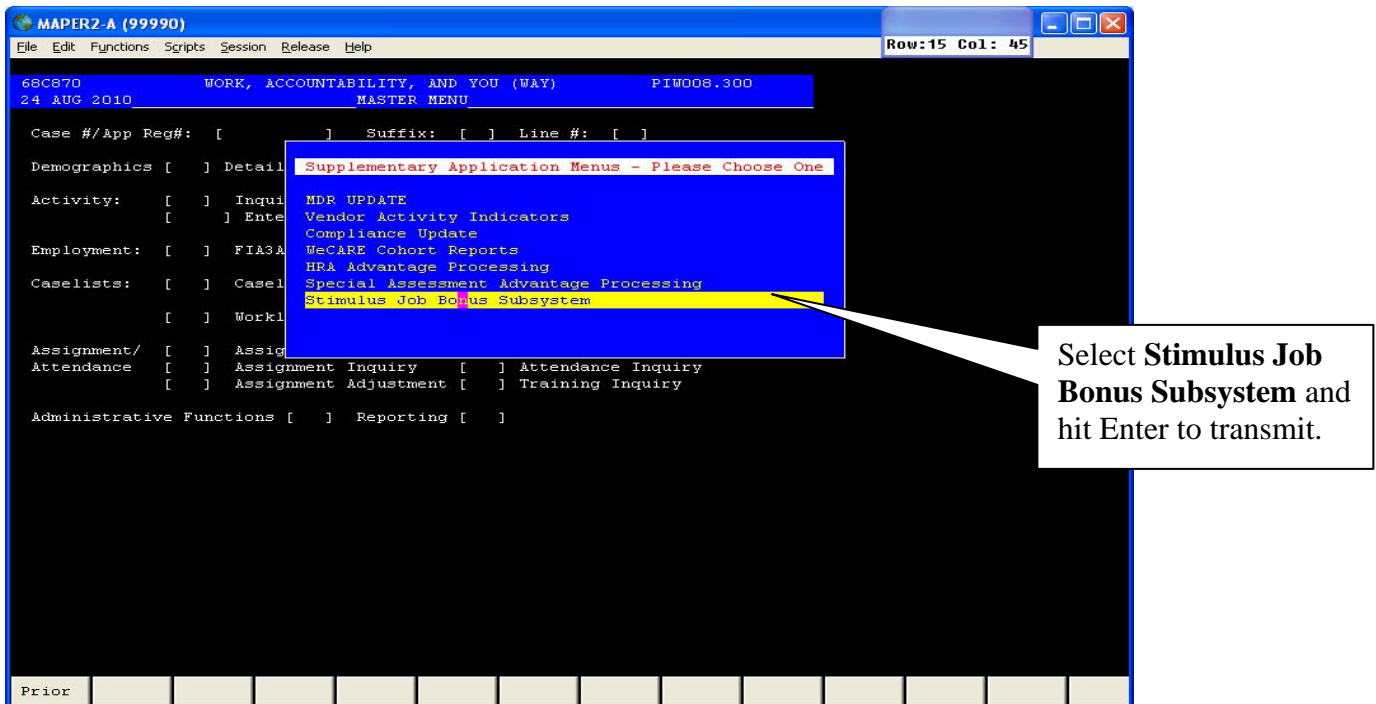
HRA Finance Office Instructions

To recommend a bonus payment approval/denial, the designated staff member within the HRA Finance Office must:

- Click on the **SupMnu** tab at the bottom of the NYCWAY **Master Menu** screen. A small box displaying a list of **Supplementary Application Menus** will then appear.



- Move the cursor to select **Stimulus Job Bonus Subsystem** and hit Enter to transmit.



NYCWAY Stimulus Job Bonus Subsystem Desk Guide

The **Stimulus Job Bonus Subsystem** will open with a listing of all persons who have been sent a Request for Proof of Bonus Payment Eligibility (**EXP-85XX**). To review the list of persons who are potentially eligible to receive a bonus payment, the designated staff member must:

- Click **Potentially Eligible**. The user must then select the person to be processed by highlighting the case or typing in the case number/Suffix/Line Number and clicking **Submit**.

The screenshot shows the NYCWAY Stimulus Bonus Subsystem interface. At the top, there is a title bar with 'NYCWAY Stimulus Bonus' and 'Row:13 Col: 33'. Below the title bar is a header area with the text 'NYCWAY Stimulus Bonus'. The main area contains a table with columns: 'Case Nbr-Sfx-Ln', 'First Name', 'Last Name', 'SSN', and 'DoB'. The first row is highlighted in black. Below the table, there are several radio buttons and a 'Submit' button. A callout box points to the 'Potentially Eligible' radio button, and another callout box points to the 'Submit' button.

Click Potentially Eligible

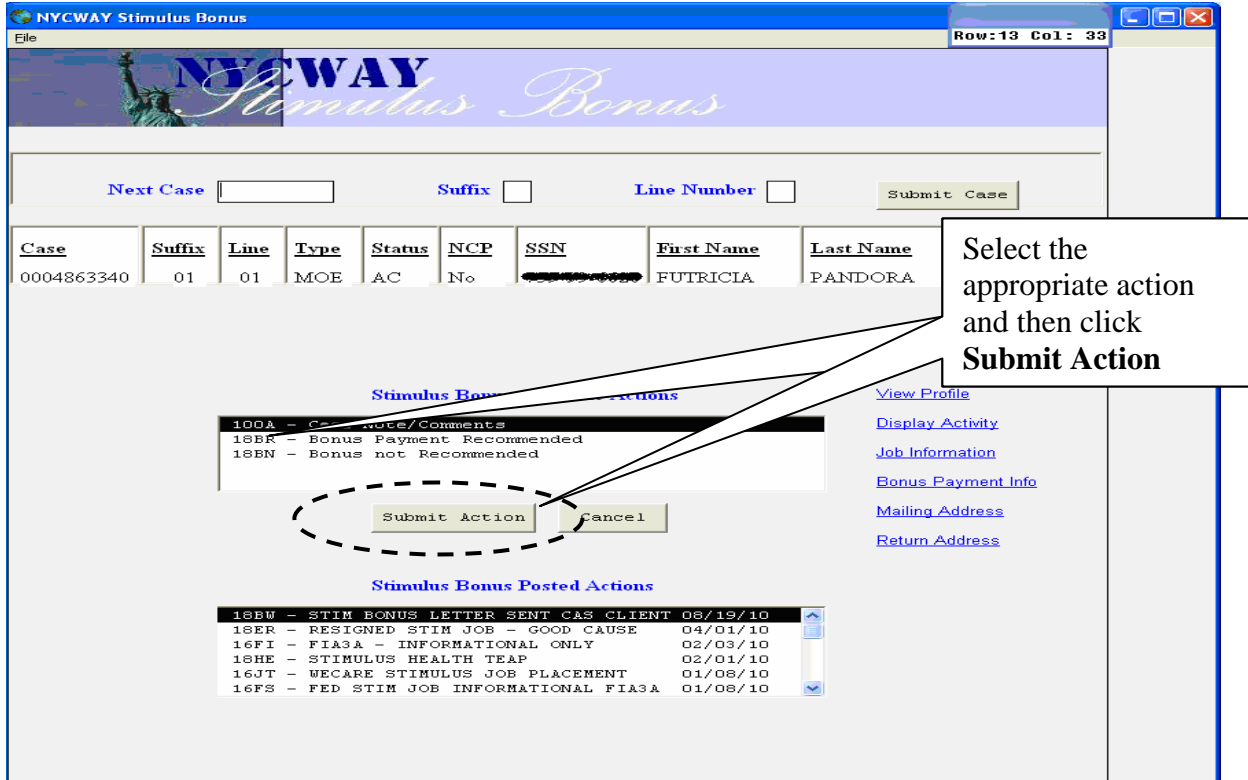
Select the person to be processed and click Submit.

Case Nbr-Sfx-Ln	First Name	Last Name	SSN	DoB
4595536 01 01	CRASHA	NAIME	[REDACTED]	08/08/82
2241143 01 01	ZASHIN	JAROT	[REDACTED]	07/22/81
1853226 01 01	ROCY	LUSARIO	[REDACTED]	02/12/86
3565301 01 03	RALA	NOMIREZ	[REDACTED]	08/07/78
956411 01 01	BOESA	TRYNTON	[REDACTED]	08/26/63
6952785 01 01	RILENA	TEVERS	[REDACTED]	03/16/89
2465439 01 01	ABNSURAT	MODULGANIYU	[REDACTED]	05/06/76
7212525 01 01	PILLIAN	LIEDRA	[REDACTED]	02/03/85
4863340 01 01	FUTRICIA	PANDORA	[REDACTED]	09/23/69
9481191 01 01	TURSATIE	SULSIE	[REDACTED]	04/05/6
4625470 01 01	VYLYCIA	PHA	[REDACTED]	12/25/6
760581 01 01	RODRO	PEDRIGUEZ	[REDACTED]	01/12/86
8905294 01 01	WIURA	LALLIAMS	[REDACTED]	01/12/75
9912390 01 01	ONRLENE	DAEAL	[REDACTED]	11/16/83
941324 01 01	CLENN	GLARK	[REDACTED]	03/01/51

Potentially Eligible [5] Submit Cancel Bonus Not Recommended [2]
Bonus Recommended [5] Zero fill case# Bonus Payment Denied [1]
Bonus Approved [0] All clients with letters [15]
Bonus Paid [2]

NYCWAY Stimulus Job Bonus Subsystem Desk Guide

A screen listing all **Stimulus Bonus Actions** posted for the selected person will then appear. The user must review the list of **Stimulus Bonus Posted Actions** and the documentation submitted by the requestor to determine his/her eligibility. If the person has met all of the eligibility criteria, the designated staff member must click **18BR – Bonus Payment Recommended** and then click **Submit Action**.



A message box will appear indicating that Action Code **18BR** was successfully posted. Click **OK** to return to the main screen on the Stimulus Job Bonus System and process the next claim.



If the person has not met all of the eligibility criteria, click **18BN – Bonus not Recommended**, click **Submit Action**, then select the reason for not recommending a bonus payment.

NYCWAY Stimulus Job Bonus Subsystem Desk Guide

NYCWAY Stimulus Bonus

Row:13 Col:

Next Case Suffix Line Number Submit Case

Case	Suffix	Line	Type	Status	NCP	SSN	First Name	Last Name
0004625470	01	01	FA	AC	No	[REDACTED]	VIYLICIA	PHA

Select reason for posting 18BN

Termination
 Voluntary quit
 Employed in subsidized job less than 30 days
 No FT unsubsidized job within 30days
 No unsubsidized job paying at least minimum wage
Insufficient proof of unsubsidized employment
 No documents submitted within 30 days of eligibility
 Other
 Bonus Request Pending: Completion code not used in NYCWAY

Select Reason Cancel

16FI - FIA3A - INFORMATIONAL ONLY 05/18/10
 16FI - FIA3A - INFORMATIONAL ONLY 05/18/10
 15PC - JTP COMPLETION 03/24/10
 15TM - POP STIM TRANSITION GD PROG 03/24/10
 14FS - FILTER: STIMULUS PARTICIPANT 03/21/10

Select the appropriate reason for not recommending a bonus payment and click **Select Reason**

Click **Submit Action** and a message box will appear indicating that Action Code **18BN** was successfully posted. Click **OK** to return to the main screen on the Stimulus Job Bonus System and process the next claim.

Update Complete

Action code 18BN was successfully posted.

OK

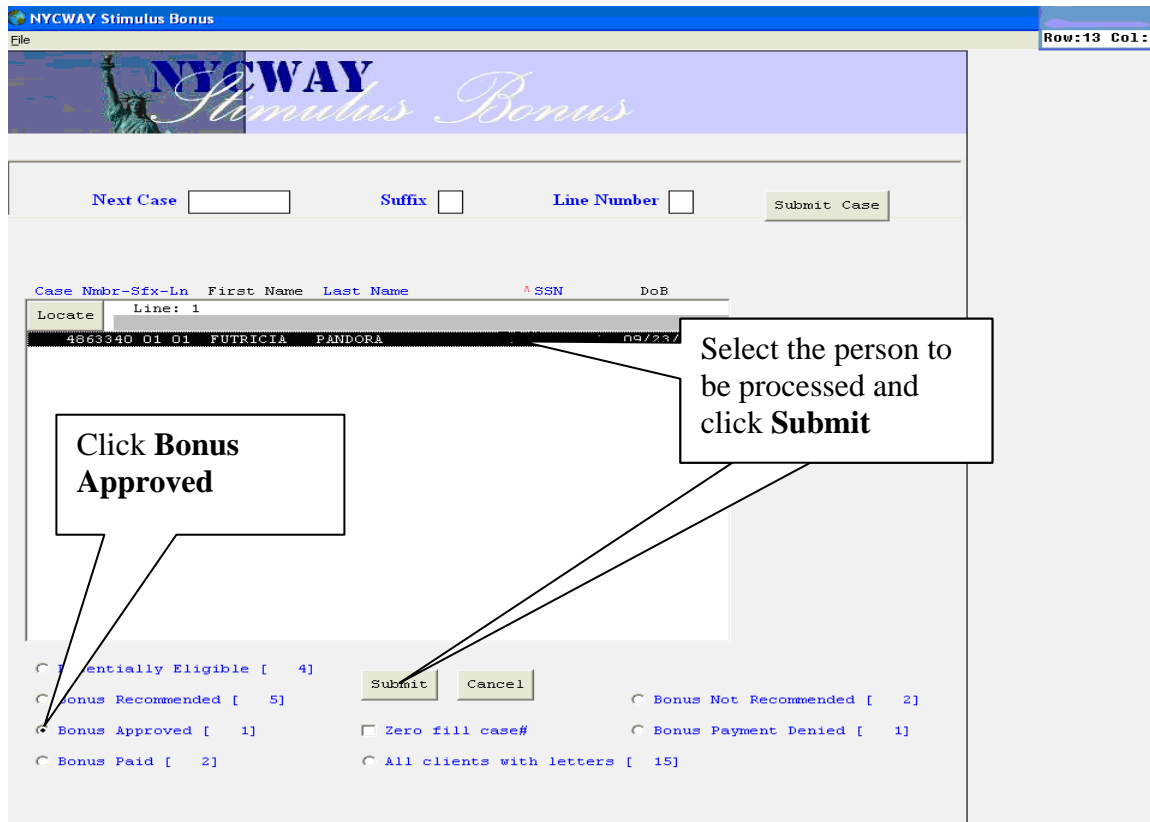
Click **OK**

NYCWAY Stimulus Job Bonus Subsystem Desk Guide

The Special Project Center will review each recommendation of the HRA Finance Office and make a final eligibility determination.

To make a payment on a request that has been approved by the Special Project Center the designated staff member within the HRA Finance Office must:

- Click **Bonus Approved** on the main screen of the Stimulus Job Bonus Payment subsystem. A list of all persons who have been approved by the Special Project Center to receive a bonus payment will be displayed. The staff member must then select the person to be processed and click **Submit**.



NYCWAY Stimulus Job Bonus Subsystem Desk Guide

NYCWAY Stimulus Bonus

Row: 13 Col: 1

Next Case Suffix Line Number

Case	Suffix	Line	Type	Status	NCP	SSN	First Name	Last Name
0004863340	01	01	MOE	AC	No	[REDACTED]	FUTRICIA	PANDORA

Click 18BP and then click Submit Action

Stimulus Bonus Available Action

- 100A - Case Note/Comments
- 18BP - Stimulus Bonus Paid

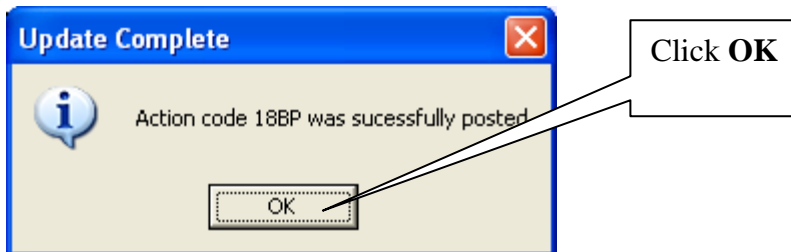
Stimulus Bonus Posted Actions

- 18BA - STIMULUS BONUS PAYMENT APPROVAL 08/24/10
- 18BR - STIMULUS BONUS PAYMENT RECOMMENDE 08/24/10
- 18BW - STIM BONUS LETTER SENT CAS CLIENT 08/19/10
- 18ER - RESIGNED STIM JOB - GOOD CAUSE 04/01/10
- 16FI - FIASA - INFORMATIONAL ONLY 02/03/10
- 18HE - STIMULUS HEALTH TEAP 02/01/10

[View Profile](#)
[Display Activity](#)
[Job Information](#)
[Bonus Payment Info](#)
[Mailing Address](#)
[Return Address](#)

- Click **18BP – Stimulus Bonus Paid** and then click **Submit Action**.

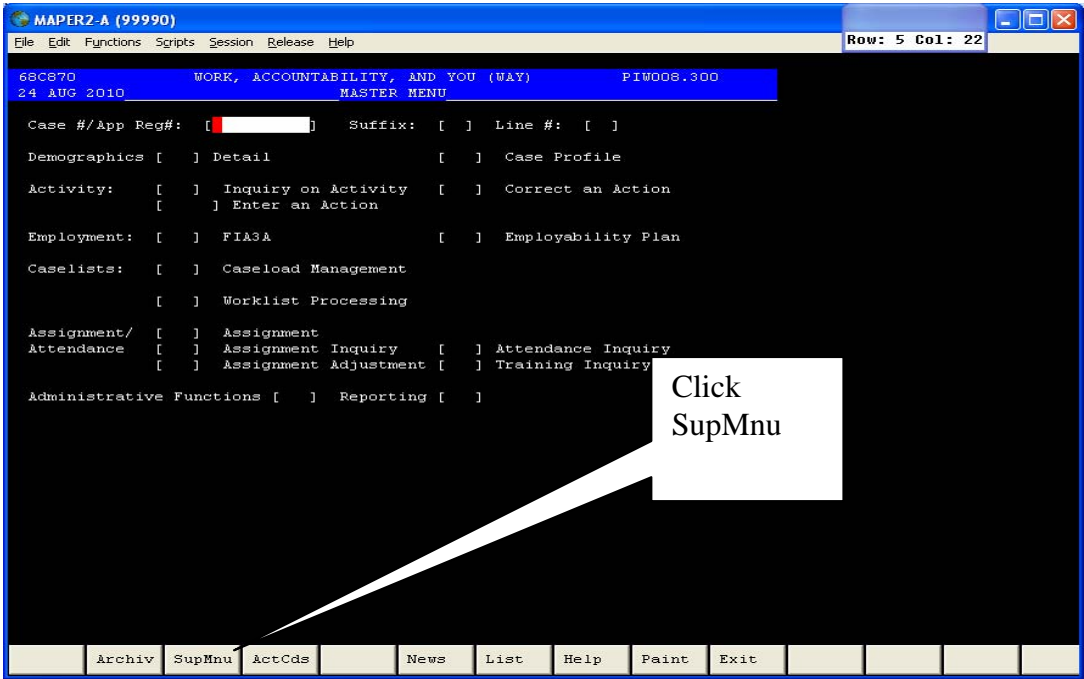
After the user clicks **Submit Action** a message box will appear indicating that Action Code **18BP** was successfully posted. The Worker must click **OK** to return to the main screen on the Stimulus Job Bonus System and process the next claim.



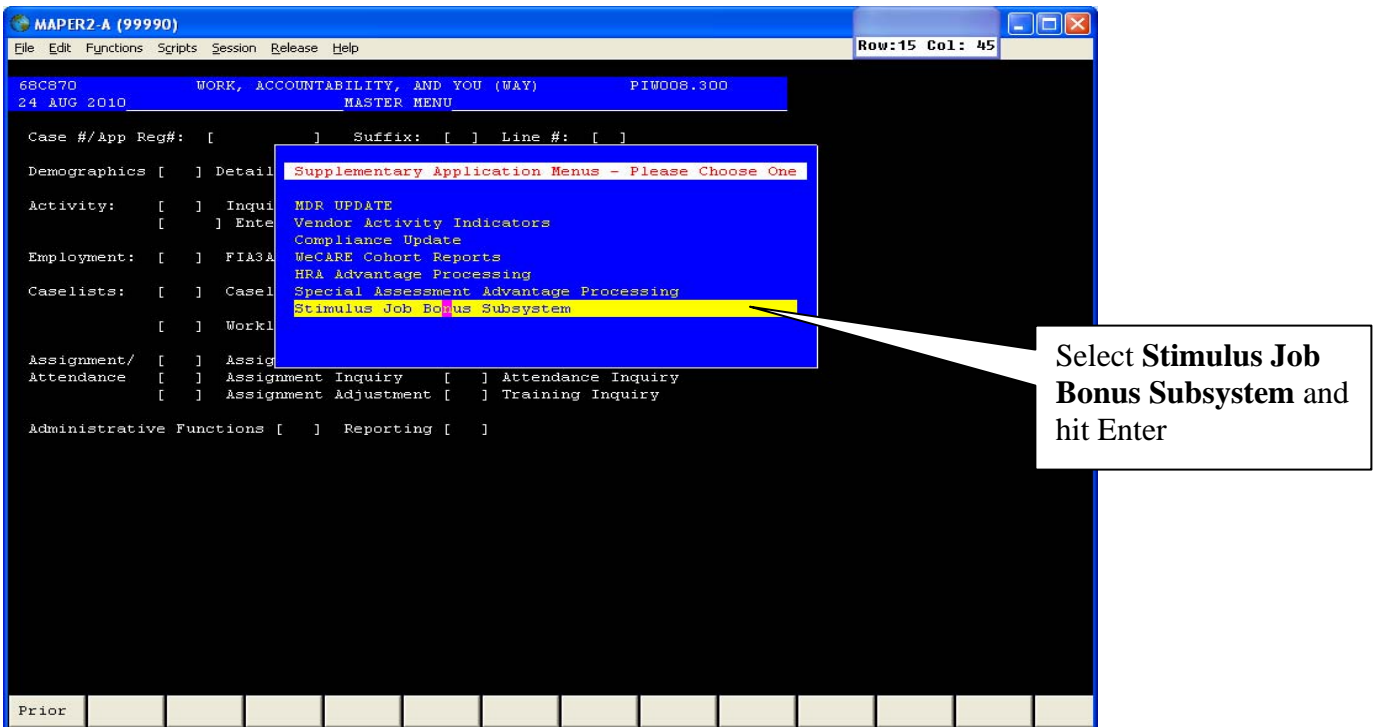
NYCWAY Stimulus Job Bonus Subsystem Desk Guide Special Project Center Instructions

To approve or deny a bonus payment request, the designated staff member from the Special Project Center must:

- Click on the **SupMnu** tab at the bottom of the NYCWAY **Master Menu** screen. A list of **Supplementary Application Menus** will then appear.



- Move the cursor to select **Stimulus Job Bonus Subsystem** and hit enter to transmit.



NYCWAY Stimulus Job Bonus Subsystem Desk Guide

The Stimulus Job Bonus Subsystem will open with a listing of all persons who have been sent **Form EXP-85XX**. This list of persons who have been sent Form **EXP-85XX** includes persons who have been recommended and other persons who have not been recommended by the HRA Finance Office to receive a bonus payment.

To check the **Bonus Recommended** list the designated staff member must:

- Click **Bonus Recommended** to display the list of persons who have submitted satisfactory documentation to the HRA Finance Office. The user must then select the person to be processed by highlighting the case or typing in the case number/Suffix/Line Number and clicking **Submit**.

The screenshot shows the NYCWAY Stimulus Bonus application interface. At the top, there is a header with the NYCWAY logo and the text "NYCWAY Stimulus Bonus". Below the header, there are input fields for "Next Case", "Suffix", and "Line Number", along with a "Submit Case" button. A callout box points to the "Next Case" field with the text "Enter case number here". Below the input fields is a table listing case information. A callout box points to the table with the text "Select the next case to be processed and click Submit". At the bottom of the interface, there are several radio button options for filtering the results. A callout box points to the "Bonus Recommended" option with the text "Click Bonus Recommended".

Case Nbr-Sfx-Ln	First Name	Last Name	SSN	DoB
2241143 01 01	ZASMIN	JAMOT	[REDACTED]	07/22/81
956411 01 01	BOESA	TRYNTON	[REDACTED]	08/26/63
4863340 01 01	FUTRICIA	PANDORA	[REDACTED]	09/23/69
760581 01 01	RODRO	PEDRIGUEZ	[REDACTED]	01/08/66
8905294 01 01	WIURA	LALLIAMS	[REDACTED]	03/17/75
941324 01 01	CLENN	GLARK	[REDACTED]	03/01/51

Potentially Eligible [4]

Bonus Recommended [6]

Bonus Approved [0]

Bonus Paid [2]

Bonus Not Recommended [2]

Bonus Payment Denied [1]

Zero fill case#

All clients with letters [15]

Submit Cancel

- A screen listing all **Stimulus Bonus Actions** posted for the selected person will then appear. Review the list of **Stimulus Bonus Posted Actions** and the documentation available in the HRA One-Viewer to determine the individual's eligibility. If the person has met all of the eligibility criteria, the click **18BA – Bonus Payment Approved** and then click **Submit Action**.

NYCWAY Stimulus Job Bonus Subsystem Desk Guide

The screenshot shows the NYCWAY Stimulus Bonus Subsystem interface. At the top, there is a header with the NYCWAY logo and the text "Stimulus Bonus". Below the header, there are input fields for "Next Case", "Suffix", and "Line Number", along with a "Submit Case" button. A table below displays case information:

Case	Suffix	Line	Type	Status	NCP	SSN	First Name	Last Name
0004863340	01	01	MOE	AC	No	██████████	FUTRICIA	D

Below the table, there are sections for "Stimulus Bonus Available Actions" and "Stimulus Bonus Posted Actions".

Stimulus Bonus Available Actions:

- 100A - Case Note/Comments
- 18BA - Bonus Payment Approved
- 18BD - Bonus Payment Denied

Stimulus Bonus Posted Actions:

- 18BA - STIMULUS BONUS PAYMENT RECOMMENDE 08/24/10
- 18BD - STIM BONUS LETTER SENT CAS CLIENT 08/19/10
- 18ER - RESIGNED STIM JOB - GOOD CAUSE 04/01/10
- 16FI - FIA3A - INFORMATIONAL ONLY 02/03/10
- 18HE - STIMULUS HEALTH TEAP 02/01/10
- 16JT - WECARE STIMULUS JOB PLACEMENT 01/08/10

Callouts in the image provide additional context:

- Action Code 18BA – Bonus Payment Approved:** Points to the 18BA action code in the available actions list.
- Action code 18BD – Bonus Payment Denied:** Points to the 18BD action code in the available actions list.
- Stimulus Bonus Posted Actions:** Points to the list of posted actions.
- After highlighting the appropriate action code click Submit Action:** Points to the "Submit Action" button.

A message box will appear if the approval code is successfully posted.

The screenshot shows a message box titled "Update Complete" with a blue header and a red close button. The message text reads: "Action code 18BA was successfully posted." Below the message is an "OK" button.

A callout points to the "OK" button with the text: "This message box will appear to confirm that the bonus payment has been approved".

NYCWAY Stimulus Job Bonus Subsystem Desk Guide

- If the participant has not met all of the eligibility criteria, click **18BD – Bonus Payment Denied** and then click **Submit Action**. A screen listing all potential denials will appear. Then highlight the applicable reason for denial and click **Select Reason**.

NYCWAY Stimulus Bonus

Row: 1 Col:

Next Case Suffix Line Number Submit Case

Case	Suffix	Line	Type	Status	NCP	SSN	First Name	Last Name
0002241143	01	01	MOE	AC	No	[REDACTED]	ZASMIN	JAMOT

Select reason for posting 18BD

View Profile

Job Information

Bonus Payment

Mailing Address

Return Address

Termination
 Voluntary quit
 Employed in subsidized job less than 30 days
 No FT unsubsidized job within 30days
 No unsubsidized job paying at least minimum wage
 Insufficient proof of unsubsidized employment
 No documents submitted within 30 days of eligibility
 Other
 Bonus Request Pending: Completion code not posted in NYCWAY

Select Reason

18BL - STIM BONUS INCENTIVE LETTER SENT 08/19/10
 15PC - JTP COMPLETION 07/01/10
 14FS - FILTER: STIMULUS PARTICIPANT 07/01/10
 16FI - FIA3A - INFORMATIONAL ONLY 12/16/09
 15TM - POP STIM TRANSITION GD PROG 11/16/09

List of denial reasons

After highlighting the appropriate reason, click Submit Action

A message box will then appear to indicate that the denial code has been successfully posted to NYCWAY.

Update Complete

Action code 18BD was successfully posted.

OK

This message box will appear to confirm that the bonus payment has been denied

NYCWAY Stimulus Job Bonus Subsystem Desk Guide

To check the Bonus Not Recommended list the designated staff member must:

- Click **Bonus Not Recommended** which will display list of persons who did not submit satisfactory documentation to the HRA Finance Office. Select the person to be processed by highlighting the case or typing in the case number/Suffix/Line Number and clicking **Submit**.

The screenshot shows the NYCWAY Stimulus Bonus Subsystem interface. At the top, there is a header with the NYCWAY logo and the text "Stimulus Bonus". Below the header, there are input fields for "Next Case", "Suffix", and "Line Number", along with a "Submit Case" button. A table displays a list of cases with columns for "Case Nbr-Sfx-Ln", "First Name", "Last Name", "SSN", and "DoB". The table data is as follows:

Case Nbr-Sfx-Ln	First Name	Last Name	SSN	DoB
2241143 01 01	ZASMIN	JAMOT	[REDACTED]	07/22/81
956411 01 01	BOESA	TRYNTON	[REDACTED]	08/26/63
4863340 01 01	FUTRICIA	PANDORA	[REDACTED]	09/23/69
760581 01 01	RODRO	PEDRIGUEZ	[REDACTED]	01/08/66
8905294 01 01	WIURA	LALLIAMS	[REDACTED]	03/17/75
941324 01 01	CLENN	GLARK	[REDACTED]	03/01/51

Below the table, there are radio buttons for selecting a category: "Potentially Eligible [4]", "Bonus Recommended [6]", "Bonus Not Recommended [2]", "Bonus Approved [0]", "Bonus Payment Denied [1]", "Bonus Paid [2]", and "All clients with letters [15]". There are also checkboxes for "Zero fill case#" and "All clients with letters [15]". A "Submit" button and a "Cancel" button are also present. Two callout boxes provide instructions: one pointing to the table with the text "Select the person to be processed and click Submit." and another pointing to the "Bonus Not Recommended" radio button with the text "Click Bonus Not Recommended".

The designated staff member must then follow the steps listed on pages 8-10.

Date: _____

SERTS ID/Case Number: _____

Case Name: _____

Request for Proof of Bonus Payment Eligibility

You have participated in an HRA Transitional, Healthcare, or Green Subsidized Jobs Program during or after September 2009. If you make/have made the transition to unsubsidized employment you **may** be eligible to receive a one-time **\$500** bonus payment. An unsubsidized job is a position in which the employer pays you directly and is not reimbursed by HRA. The unsubsidized job may be with the same or different employer with whom you were engaged in subsidized employment. This payment is intended to help you buy clothing for work and cover other work-related expenses.

Remember, you must have met all of the following criteria in order to receive the bonus payment:

- Remained employed in a full-time HRA Transitional, Healthcare, or Green Subsidized Jobs Program for at least 30 calendar days;
- Complied with all HRA Transitional, Healthcare, or Green Subsidized Jobs Program requirements;
- Obtained full-time (an average of 35 hours per week) unsubsidized employment paying at least minimum wage (typically \$7.25 per hour) within 30 calendar days of leaving one of the HRA Subsidized Jobs Programs listed above, and
- Maintained full-time unsubsidized employment for at least 30 calendar days.

Within 30 calendar days of meeting all of the above eligibility criteria, please submit the following documents to the HRA Transitional, Healthcare, or Green Subsidized Jobs Program vendor listed on page 2 of this letter. If you have already met the above criteria, please submit the following documents within 30 calendar days of the date on this notice.

- A completed HRA Bonus Payment Claim Form (on page 3 of this letter);
- Proof of full-time (an average of 35 hours per week) unsubsidized employment. You may submit the following items as proof of unsubsidized employment:
 - Pay stubs showing at least 30 calendar days of full-time employment; **or**
 - A valid letter signed by you and your employer confirming that you have been working full-time for at least 30 calendar days.

You can bring these documents to the vendor, or send them by mail to the address listed on page 2 of this letter. The HRA Transitional, Healthcare, or Green Subsidized Jobs Program vendor will review your documents and forward them to HRA for an eligibility determination.

You will not be eligible to receive the bonus payment if, without good cause, you voluntarily quit or cause your own termination from the HRA Transitional, Healthcare, or Green Subsidized Jobs Program.

If you have any questions, please contact the HRA Transitional, Healthcare, or Green Subsidized Jobs Program vendor at the telephone number and address listed below:

Vendor's Name: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____

Thank you for your hard work and good luck in your future endeavors!

SAMPLE

Date: _____
SERTS ID/Case Number: _____
Case Name: _____

HRA Bonus Payment Claim Form

Please provide the information requested below and attach pay stubs or a valid letter from your new employer to confirm that you have maintained at least 30 days of full-time unsubsidized employment. You will receive a letter to notify you whether or not you were determined to be eligible to receive a one-time \$500 bonus payment. If you are found eligible for the payment, a check will be sent within 45 calendar days to the mailing address you provide below.

Participant Information (Please print clearly):

Participant Name: _____
Mailing Address
(where you want to have the
\$500 bonus check sent): _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____

Unsubsidized Employment Information (Please print clearly):

Employer Name: _____
Employer Address: _____
City: _____ State: _____ Zip Code: _____
Start Date: _____

Remember to attach proof of unsubsidized employment (see the list of acceptable documents above).

Fecha: _____
Identificación de SERTS/ Número del Caso: _____
Nombre del Caso: _____

Pedido de Pruebas de Elegibilidad para el Pago de Bonificación

Usted ha participado en un Programa de HRA de Transición, Cuidado de Salud, o Trabajos Ambientales Subsidiados durante o después de septiembre 2009. Si usted hace/ha hecho la transición a empleo no subsidiado, **podría** ser elegible para recibir **\$500** como pago único de bonificación. Un trabajo no subsidiado es un empleo en el cual el empleador le hace pagos a usted directamente que no son reembolsados por HRA. El trabajo no subsidiado puede ser con el mismo empleador con el cual usted participó en el empleo subsidiado, o puede ser con un empleador distinto. Este pago es para ayudarle a comprar ropa para el trabajo y cubrir otros gastos relacionados con el trabajo.

Recuerde, usted tiene que haber reunido todos los criterios siguientes para recibir el pago de bonificación:

- Continuo trabajando en un Programa de HRA de Transición, Cuidado de Salud, o Trabajos Ambientales Subsidiados a tiempo completo durante por lo menos 30 días civiles,
- Cumplido con todos los requisitos del Programa de HRA de Transición, Cuidado de Salud, o Trabajos Ambientales Subsidiados;
- Obtenido empleo no subsidiado a tiempo completo (un promedio de 35 horas a la semana) que pague por lo menos el salario mínimo (típicamente \$7.25 por hora) dentro de 30 días civiles de haber dejado uno de los Programas subsidiado de Empleo de HRA listados arriba; y
- Continuo trabajando en un trabajo no subsidiado a tiempo completo durante por lo menos 30 días civiles.

Dentro de 30 días civiles de haber reunido todos los criterios de elegibilidad indicados arriba, favor de presentar los siguientes documentos al contratista del Programa de HRA de Transición, Cuidado de Salud, o Trabajos Ambientales Subsidiados listados en página 2 de esta carta. Si usted ya ha cumplido los criterios indicados arriba, por favor presente los siguientes documentos dentro de los 30 días civiles de este aviso.

- Un Formulario de Reclamo de Pago de Bonificación de la HRA llenado (en página 3 de esta carta);
- Comprobante de empleo no subsidiado a tiempo completo (un promedio de 35 horas a la semana). Usted podría presentar las siguientes pruebas de trabajo no subsidiado:
 - Talones de Paga que indiquen por lo menos 30 días civiles de empleo a tiempo completo;
 - Una carta válida firmada por usted y su empleador que confirme que usted ha estado trabajando a tiempo completo durante por lo menos 30 días civiles.

Usted le puede llevar estos documentos al contratista, o enviarlos por correo a la dirección indicada en página 2 de esta carta. El contratista del Programa de HRA de Transición, Cuidado de Salud, o Trabajos Ambientales Subsidiados repasará sus documentos y confirmará su elegibilidad para recibir un pago de bonificación.

Usted no será elegible para recibir el pago bonificación si, sin motivo justificado, dejó su trabajo voluntariamente o causa su propio despido de un Programa de HRA de Transición, Cuidado de Salud, o Trabajos Ambientales Subsidiados.

Si tiene alguna pregunta, favor de comunicarse con el contratista del Programa de HRA de Transición, Cuidado de Salud, o Trabajos Ambientales Subsidiados al número de teléfono y dirección a continuación:

Nombre del Contratista: _____

Persona Contacto: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Número de Teléfono: _____

¡Gracias por su buen trabajo y mucha suerte con sus planes futuros!

SAMPLE

Fecha: _____
Identificación de SERTS/
Número del Caso: _____
Nombre del Caso: _____

Formulario de la HRA de Reclamo del Pago de Bonificación

Por favor proporcione la información solicitada abajo y adjunte los talones de paga o una carta válida de su nuevo empleador que confirme que usted se ha mantenido en un empleo sin subsidio a tiempo completo durante por lo menos 30 días. Usted recibirá una carta avisándole si fue determinado(a) elegible o inelegible para recibir un pago único de bonificación de \$500. Si se determina que es elegible para recibir el pago, dentro de 45 días civiles se le enviará un cheque a la dirección que usted proporcione abajo.

Información del Participante (Por favor escriba con letra legible):

Nombre del Participante: _____
Dirección
(a donde quiere que le envíen
el cheque de bonificación de \$500): _____
Ciudad: _____ Estado: _____ Código Postal: _____
Número de Teléfono: _____

Información del Empleo no Subsidiado (Por favor escriba con letra legible):

Nombre del Empleador: _____
Dirección del Empleador: _____
Ciudad: _____ Estado: _____ Código Postal: _____
Fecha de Inicio: _____

Recuerde adjuntar prueba de empleo no subsidiado (vea arriba la lista de los documentos que se aceptan).

Date: _____

Case Name: _____

SERTS ID/Case Number: _____

FH&C Telephone Number: _____

Notice of Decision on HRA Bonus Payment

We have received your HRA bonus payment claim form. Your claim has been:

Accepted -- you should receive a check for your one-time, \$500 bonus payment in the mail on or after: _____

Denied because you:

- were terminated from an HRA Transitional, Healthcare, or Green Subsidized Jobs program.
- voluntarily quit an HRA Transitional, Healthcare, or Green Subsidized Jobs program without good cause.
- were employed in an HRA Transitional, Healthcare, or Green Subsidized Jobs program for less than 30 days.
- did not obtain full-time (an average of 35 hours per week) unsubsidized employment (a job which is not funded by HRA) within 30 days of leaving an HRA Transitional, Healthcare, or Green Subsidized Jobs program.
- were enrolled in a Comprehensive Service Model (CSM) program and did not obtain full-time unsubsidized employment (an average of at least 30 hours per week) within 30 days of leaving an HRA Transitional, Healthcare, or Green Subsidized Jobs program.
- were enrolled in the Wellness, Comprehensive Assessment, Rehabilitation, and Employment (WeCARE) program and did not obtain full-time unsubsidized employment (an average of 30 hours per week or no less than your assigned WeCARE hours) within 30 days of leaving an HRA Transitional, Healthcare, or Green Subsidized Jobs program.
- were enrolled in WeCARE and a CSM program and did not obtain full-time unsubsidized employment (an average of 30 hours per week or no less than your assigned WeCARE hours) within 30 days of leaving an HR Transitional, Healthcare, or Green Subsidized Jobs program.
- did not obtain an unsubsidized job paying at least minimum wage (typically \$7.25 per hour).
- did not provide sufficient proof that you have maintained full-time unsubsidized employment for at least 30 days. Proof of unsubsidized employment would be:
 - Pay stubs showing at least 30 calendar days of full-time employment; **or**
 - A valid letter signed by you and your employer confirming that you have been employed for at least 30 calendar days.
- did not submit documentation within 30 calendar days of meeting the eligibility criteria.
- Other: _____

This decision is based on the New York TANF State Plan, including paragraphs xxvii and xxxiv. The TANF State Plan is available online at the New York State Office of Temporary and Disability Assistance website at <http://otda.ny.gov/main/policy/tanf>, or you may obtain a free copy by contacting: NYS Office of Temporary and Disability Assistance, Employment and Advancement Services Bureau, 40 North Pearl Street, Albany, New York 12243.

If you have any questions about this decision, please contact:

Location Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number _____

**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 Information

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 Fair Hearing and Conference (FH&C) unit phone 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.

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, by 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/oaah/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, which 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 which 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 phone number/address listed on **page 1** of this notice.

FAIR HEARING REQUEST

Deadline: If you want the State to review our decision, you must ask for a Fair Hearing within sixty (60) days from the date of the notice for Cash Assistance, Medical Assistance, and Social Services issues.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, 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:

Print Name: _____ Case Number: _____

Name M.I. Last Name

Address: _____

Telephone: _____

City: _____

State: _____

Zip Code: _____

Signature: _____

Date: _____

SAMPLE

Fecha: _____

Nombre del Caso: _____

Identificación de SERTS/

Número del Caso: _____

Número de Teléfono de

Audiencias y Conferencias: _____

Aviso de Decisión sobre Pago de Bonificación de HRA

Hemos recibido su formulario de reclamo de pago de bonificación de HRA. Su reclamo ha sido:

- Aceptado -- usted debiera recibir un cheque por su pago único de prima de \$500 por correo el _____ o posteriormente.
- Denegado porque usted:
 - fue expulsado de un programa Subsidiado de HRA de Transición, de Cuidado de Salud, o de Trabajos del Medio Ambiente.
 - dejó voluntariamente un programa Subsidiado de HRA de Transición, de Cuidado de Salud, de Trabajos del Medio Ambiente sin motivo justificado.
 - estuvo empleado(a) en un programa Subsidiado de HRA de Transición, de Cuidado de Salud, o de Trabajos del Medio Ambiente por menos de 30 días.
 - no obtuvo empleo no subsidiado (un trabajo no financiado por HRA) a tiempo completo (un promedio de 35 horas a la semana) dentro de 30 días de dejar un programa de HRA de Transición, de Cuidado de Salud, o de Trabajos del Medio Ambiente, o
 - fue inscrito en un programa de Servicio Comprensivo Model (CSM) y no obtuvo empleo no subsidiado a tiempo completo (un promedio de 30 horas a la semana) dentro de 30 días de dejar un programa de HRA de Transición, de Cuidado de Salud, o de Trabajos del Medio Ambiente.
 - fue inscrito en un programa de Evaluación Comprensiva de Bienestar, Rehabilitación y Empleo (WeCARE), y no obtuvo empleo no subsidiado a tiempo completo (un promedio de 30 horas a la semana o no menos de su horas asignadas de WeCARE) dentro de 30 días de dejar un programa de HRA de Transición, de Cuidado de Salud, o de Trabajos del Medio Ambiente.
 - fue inscrito en el programa de WeCARE y de CSM y no obtuvo empleo no subsidiado a tiempo completo (un promedio de 30 horas a la semana o no menos de su horas asignadas de WeCARE) dentro de 30 días de dejar un programa de HRA de Transición, de Cuidado de Salud, o de Trabajos del Medio Ambiente.
 - no obtuvo trabajo no subsidiado que pague por lo menos el sueldo mínimo (generalmente \$7.25 la hora).
 - no proporcionó prueba suficiente de haber conservado empleo no subsidiado a tiempo completo durante por lo menos 30 días. Pruebas de empleo no subsidiado serían las siguientes:
 - Talones de paga que indiquen por lo menos 30 días civiles de empleo a tiempo completo; o
 - Una carta válida firmada por usted y su empleador que compruebe que usted ha estado empleado durante por lo menos 30 días civiles.
 - no presentó la documentación dentro de los 30 días civiles de cumplir los criterios de elegibilidad.
 - Otra razón: _____

Esta decisión se basa en el Plan Estatal de TANF de Nueva York, incluidos los párrafos xxvii y xxxiv. El Plan Estatal de TANF está disponible en la página de Internet de la Oficina del Estado de Nueva York de Asistencia Temporal y para Incapacitados en: <http://otda.ny.gov/main/policy/tanf>, o usted puede obtener una copia gratuita si se comunica con: NYS Office of Temporary and Disability Assistance, Employment and Advancement Services Bureau, 40 North Pearl Street, Albany, New York 12243.

Si tiene alguna pregunta sobre esta decisión, favor de comunicarse con:

Nombre del Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Número de Teléfono _____

**USTED TIENE EL DERECHO DE 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

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 la unidad de Audiencias Imparciales y Conferencias (Fair Hearing and Conference – FH&C) que aparece en **la primera página** de este aviso, o escribanos 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.

AUDIENCIA IMPARCIAL ESTATAL

Cómo 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
(Favor de guardar una copia para usted.)
- (3) **POR FAX:** Envíe una copia de todo el aviso, con la sección "Petición de Audiencia Imparcial" llenada, al: **(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, 3er piso, Manhattan
- (5) **POR INTERNET:** Complete una solicitud de formulario electrónico conectándose a:
<http://www.otda.state.ny.us/pan/forms.asp>

Qué Puede Esperar de 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 para que el Funcionario de la Audiencia sepa 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 pedir una Audiencia Imparcial, cómo revisar su archivo o cómo obtener copias adicionales de documentos, llame o escríbanos al número telefónico y/o dirección que aparecen en la **primera página** de este aviso.

PETICIÓN DE AUDIENCIA IMPARCIAL

Fecha Límite: Si usted desea que el Estado revise nuestra decisión, tiene que solicitar una Audiencia Imparcial dentro de sesenta (60) días a partir de la fecha de este aviso para asuntos de Asistencia en Efectivo, Asistencia Médica, y Servicios Sociales.

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:

Nombre en letra de molde: _____
Nombre _____ I. Apellido _____ Número del Caso: _____
Dirección: _____
Teléfono: _____
Ciudad: _____ Estado: _____ Código Postal: _____
Firma: _____ Fecha: _____

HRA Bonus Payment Overview

Congratulations on being selected to participate in an HRA Transitional, Healthcare, or Green Subsidized Jobs Program. This temporary employment program will provide you with the skills and experience to help you make the transition into full-time unsubsidized employment. An unsubsidized job is a position in which the employer pays you directly and is not reimbursed by HRA. The unsubsidized job may be with the same or different employer with whom you were engaged in subsidized employment

As a reward for your hard work, you may be eligible to receive a one-time **\$500** bonus payment from the Human Resources Administration (HRA), if you:

- Maintain employment in a full-time HRA Transitional, Healthcare, or Green Subsidized Jobs Program for at least 30 calendar days;
- Comply with all HRA Transitional, Healthcare, or Green Subsidized Jobs Program requirements;
- Obtain full-time (an average of 35 hours or more per week) unsubsidized employment paying at least minimum wage within 30 days of leaving the HRA subsidized job assignment; and
- Maintain full-time unsubsidized employment for at least 30 calendar days.

HRA will mail you a follow-up letter containing additional information about the bonus payment.

You will not be eligible to receive the one-time \$500 bonus payment if, without good cause, you voluntarily quit or cause your own termination from an HRA Transitional, Healthcare, or Green Subsidized Jobs Program.

We wish you success in the HRA Transitional, Healthcare, or Green Subsidized Jobs Program!

Seguimiento de la HRA sobre el Pago de Bonificación

Felicidades por haber sido seleccionado para participar en un Programa de HRA de Transición, Cuidado de Salud, o de Trabajos Ambientales Subsidiados. Este programa de empleo temporario le proporcionará aptitudes y experiencia que le ayudarán en la transición a un empleo a tiempo completo no subsidiado. En un trabajo no subsidiado el empleador le hace pagos a usted directamente que no son reembolsados por HRA. El trabajo no subsidiado puede ser con el mismo empleador con cual usted participó en el empleo subsidiado, o puede ser con un empleador distinto.

Como recompensa por su buen trabajo, usted podría ser elegible para recibir **\$500** como pago único de bonificación de parte de la Administración de Recursos Humanos (HRA), si usted:

- Continúa trabajando a tiempo completo en un Programa de HRA de Transición, Cuidado de Salud, o de Trabajos Ambientales Subsidiados durante por lo menos 30 días civiles;
- Cumple con todos los requisitos de los Programas de HRA de Transición, Cuidado de Salud, o de Trabajos Ambientales Subsidiados;
- Obtiene empleo no subsidiado a tiempo completo (un promedio de 35 horas por semana o más) que pague por lo menos el salario mínimo, dentro de los 30 días de haber dejado la asignación de empleo subsidiado de HRA; y
- Continúa trabajando en un empleo no subsidiado a tiempo completo durante por lo menos 30 días civiles;

HRA le enviará por correo una carta de seguimiento con información adicional sobre el pago de bonificación.

Usted no será elegible para recibir \$500 como pago único de bonificación, si usted deja voluntariamente, sin causa justificada, un Programa de HRA de Transición, Cuidado de Salud, o de Trabajos Ambientales Subsidiados, o causa su propia terminación del mismo.

¡Le deseamos mucho éxito en el Programa de HRA de Transición, Cuidado de Salud, o de Trabajos Ambientales Subsidiados!

Date: _____
Case Number: _____
Case Name: _____

Request for Proof of Bonus Payment Eligibility (CAS)

You have participated in an HRA Transitional, Healthcare, or Green Subsidized Jobs Program during or after September 2009. If you make/made the transition to unsubsidized employment, you **may** be eligible to receive a one-time **\$500** bonus payment. An unsubsidized job is a position in which the employer pays you directly and is not reimbursed by HRA. The unsubsidized job may be with the same or different employer with whom you were engaged in subsidized employment. This payment can help you buy clothing for work and cover other work-related expenses.

Remember, you must have met all of the following criteria in order to receive the bonus payment:

- Remained employed in a full-time HRA Transitional, Healthcare, or Green Subsidized Jobs Program for at least 30 calendar days;
- Complied with all HRA Transitional, Healthcare, or Green Subsidized Jobs Program requirements;
- Obtained full-time (at least 30 hours per week or, if applicable, no less than your assigned Wellness, Comprehensive Assessment, Rehabilitation and Employment [WeCARE] hours) unsubsidized employment paying at least minimum wage within 30 calendar days of leaving the HRA Jobs Program; and
- Maintained full-time unsubsidized employment for at least 30 calendar days.

Within 30 calendar days of meeting the above eligibility criteria, please submit the following documents to the HRA Transitional, Healthcare, or Green Subsidized Jobs Program vendor listed on page 2 if applicable. If you have already met the above criteria, please submit the following documents within 30 calendar days of the date of this notice.

- A completed HRA Bonus Payment Claim Form (on page three of this notice);
- Proof of full-time (at least 30 hours per week or, if applicable, no less than your assigned Wellness, Comprehensive Assessment, Rehabilitation and Employment [WeCARE] hours) unsubsidized employment. You may submit the following items as proof of unsubsidized employment:
 - Pay stubs showing at least 30 calendar days of full-time employment; **or**
 - A valid letter signed by you and your employer confirming that you have been working full-time for at least 30 calendar days.

You can bring these documents to the vendor, or send them by mail to the address on page two of this notice. The HRA Transitional, Healthcare, or Green Subsidized Jobs Program vendor will review your documents and forward them to HRA for an eligibility determination.

You will not be eligible to receive the bonus payment if, without good cause, you voluntarily quit or cause your own termination from HRA Transitional, Healthcare or Green Subsidized Jobs Program.

If you have any questions, please contact the HRA Transitional, Healthcare, or Green Subsidized Jobs Program vendor at the telephone number and address listed below:

Vendor's Name: _____

Contact Person: _____

Telephone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Thank you for your hard work and good luck in your future endeavors!

SAMPLE

Case Number: _____
Case Name: _____

HRA Bonus Payment Claim Form

Please provide the information requested below and attach pay stubs or a valid letter from your new employer to confirm that you have maintained at least 30 days of full-time unsubsidized employment. If you are found eligible to receive a one-time \$500 bonus payment, a check will be sent to the mailing address you provide below within 45 calendar days.

Participant Information (Please print clearly):

Participant Name: _____
Telephone Number (Optional): _____
Mailing Address (where you want to have the \$500 bonus check sent):

SAMPLE

Unsubsidized Employment Information: (Please print clearly):

Employer Name: _____
Employer Address: _____

Start Date: _____

Remember to attach proof of unsubsidized employment (see the list of acceptable documents above).

Fecha: _____
Número de Caso: _____
Nombre de Caso: _____

Solicitud de Prueba de Elegibilidad para Pago de Bonificación (CAS) (Spanish)

Usted ha participado en un Programa de Puestos de Trabajo Subsidiados Transitorios, de Atención de la Salud o Verdes de la HRA durante o después de septiembre de 2009. Si realiza/realizó la transición a un empleo no subsidiado, **puede** ser elegible para recibir un pago de una bonificación de **\$500** por única vez. Un trabajo no subsidiado es un puesto en el que el empleador le paga a usted directamente y no recibe un reintegro de la HRA. El trabajo no subsidiado puede ser con el mismo empleador con el que usted estuvo vinculado en un empleo subsidiado o con otro empleador. Este pago puede ayudarlo a comprar ropa para trabajar y cubrir otros gastos relacionados con el trabajo.

Recuerde, debe haber reunido todos los criterios siguientes a fin de recibir el pago de la bonificación:

- Haber permanecido empleado en un Programa de tiempo completo de Puestos de Trabajo Subsidiados Transitorios, de Atención de la Salud o Verdes de la HRA durante a menos 30 días calendarios;
- Haber cumplido todos los requisitos del Programa de Puestos de Trabajo Subsidiados Transitorios, de Atención de la Salud o Verdes de la HRA;
- Haber obtenido un empleo no subsidiado de tiempo completo (al menos 30 horas por semana o, si corresponde, no menos que sus horas asignadas de Bienestar, Evaluación Integral, Rehabilitación y Empleo [WeCARE]) que pague al menos un salario mínimo dentro de los 30 días calendarios de haber abandonado el Programa de Puestos de Trabajo de la HRA; y
- Haber mantenido un empleo no subsidiado de tiempo completo durante al menos 30 días calendarios.

Dentro de los 30 días calendarios de haber reunido los criterios de elegibilidad anteriores, por favor presente los siguientes documentos al proveedor del Programa de Puestos de Trabajo Subsidiados Transitorios, de Atención de la Salud o Verdes de la HRA que se indica en la página 2 si corresponde. Si ya ha reunido los criterios anteriores, por favor presente los siguientes documentos dentro de los 30 días calendarios a partir de la fecha de este aviso.

- Un Formulario de Reclamo de Pago de la Bonificación de la HRA completo (en la página tres de este aviso);
- Prueba de empleo no subsidiado de tiempo completo (al menos 30 horas por semana o, si corresponde, no menos que sus horas asignadas de Bienestar, Evaluación Integral, Rehabilitación y Empleo [WeCARE]). Puede presentar los siguientes elementos como prueba de empleo no subsidiado:
 - Recibos de pago que muestren al menos 30 días calendarios de empleo de tiempo completo; **o**
 - Una carta válida firmada por usted y su empleador en la que se confirme que ha estado trabajando a tiempo completo durante al menos 30 días calendarios.

Puede traerle estos documentos al proveedor, o enviarlos por correo a la dirección que aparece en la página dos de este aviso. El proveedor del Programa de Puestos de Trabajo Subsidiados Transitorios, de Atención de la Salud o Verdes de la HRA revisará sus documentos y los enviará a la HRA para una determinación de elegibilidad.

Usted no será elegible para recibir el pago de la bonificación si, sin causa justificada, voluntariamente renuncia o provoca su propia desvinculación del Programa de Puestos de Trabajo Subsidiados Transitorios, de Atención de la Salud o Verdes de la HRA.

Si tiene alguna pregunta, por favor comuníquese con el proveedor del Programa de Puestos de Trabajo Subsidiados Transitorios, de Atención de la Salud o Verdes de la HRA al número de teléfono y la dirección que se indican a continuación:

Nombre del Proveedor: _____

Persona de contacto: _____

Número de teléfono: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código postal: _____

¡Gracias por su duro trabajo y buena suerte en sus futuros emprendimientos!

SAMPLE

Número de Caso: _____
Nombre de Caso: _____

Formulario de Reclamo de Pago de la Bonificación de la HRA

Por favor proporcione la información que se solicita a continuación y adjunte recibos de pago o una carta válida de su nuevo empleador para confirmar que ha mantenido al menos 30 días de empleo no subsidiado de tiempo completo. Si se determina que es elegible para recibir un pago de una bonificación de \$500 por única vez, se enviará un cheque a la dirección postal que indique a continuación dentro de los 45 días calendarios.

Información del Participante (Por favor, escriba en letra clara de imprenta):

Nombre del Participante: _____

Número de teléfono (Opcional): _____

Dirección postal (donde desea que se envíe el cheque de la bonificación por \$500): _____

Información del Empleo no subsidiado: (Por favor, escriba en letra clara de imprenta):

Nombre del Empleador: _____

Dirección del Empleador: _____

Fecha de inicio: _____

Recuerde adjuntar una prueba de empleo no subsidiado (ver la lista de documentos aceptables arriba).