



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #15-14-EMP

*(This Policy Directive is to be used in conjunction with PD #13-27-ELI;  
This Policy Directive Replaces PD #07-17-EMP and PB #15-15-EMP)*

### EMPLOYMENT (EDUCATION) POLICY FOR YOUNG ADULTS (AGES 18 THROUGH 24) ENROLLED IN BASIC, SECONDARY AND POST-SECONDARY EDUCATION PROGRAMS

<b>Date:</b> May 6, 2015	<b>Subtopic(s):</b> Employment, TAG
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#### AUDIENCE

The information and instructions in this policy directive are for all Family Independence Administration (FIA) staff that initiate an Employment Plan (EP) and administer an Employability Assessment (EA).

#### POLICY

In accordance with federal and New York State laws and regulations, FIA is responsible for the development and implementation of effective strategies to assist individuals who apply for or receive Cash Assistance (CA) achieve financial independence through participation and engagement in meaningful education, training and employment activities.

Nonexempt individuals in receipt of CA are generally required to engage in appropriate work or work preparation activities, consistent with the individuals' abilities and Employment Plan (EP), for up to 35 hours per week. FIA's goal is to assist applicants and participants in finding and maintaining gainful and durable employment as the foundation for self-sufficiency and economic independence.

FIA recognizes that young adult CA participants, **18 through and including 24 years of age**, may benefit most from education and/or training to secure and maintain lasting employment. Therefore, FIA emphasizes the importance of their obtaining sufficient skills and education early on in their lives prior to them entering the job market.

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

For young adult CA participants, 18 through and including 24 years of age, FIA must:

- emphasize the importance of a high school diploma, its equivalent, or other vocational training as the means to economic independence; and
- encourage them to enroll in training and education programs that will provide support and services to assist them achieve their educational and employment goals.

A high school education or equivalent is crucial to obtaining employment whose wages can enable them to move off cash assistance. Young adults in particular should focus on achieving a basic and secondary education as a path toward economic security.

## Background

### Focus on Full-Time Basic Education and Secondary Education for Youth Under 20

Under 20 years of age

For CA applicants/participants **under the age of 20** with no high school diploma or its equivalent, FIA encourages full-time **high school** attendance as a means to develop the requisite skills to enter the labor market and must assign such individuals to educational activities (with limited exceptions for individuals 18 and 19 years of age, see below). Individuals who are enrolled full-time and regularly attending high school, a High School Equivalency (HSE) preparation program, vocational or technical school, English as a Second Language (ESL), and/or basic or remedial education are not subject to additional work requirements, as satisfactory attendance at high school or one of these other educational activities is considered to be full-time engagement.

18 and 19 years of age

Nonexempt individuals **18 and 19 years of age** without a high school diploma or its equivalent must be assigned to an appropriate educational activity, unless FIA determines that participation in such an educational activity is not appropriate based on the individual's Employability Assessment/Employability Plan (EA/EP), or if circumstances indicate that satisfactory progress in educational activities cannot be made. FIA strongly encourages such individuals to obtain a high school diploma or its equivalent. Individuals who are not attending high school, HSE program, remedial/basic education, ESL or vocational/technical training programs are required to participate in an approved work activity for the number of hours as determined by his/her EA/EP.

16 and 17 years of age

**Note:** Individuals **16 and 17 years of age** are subject to educational requirements and must be in school with the goal of obtaining a high school diploma or HSE, unless circumstances indicate that satisfactory progress to that goal cannot be made. In such cases, the individual must participate in another educational activity or in a job-skills training program appropriate to and designed for youth (see page 4). If the individual is not attending high school or an HSE preparation program, an employment assessment must be completed.

**HRA Permits Full-Time Basic, Secondary/HSE, Post-Secondary (up to 12 months), ESL, Training and/or Vocational Education for Young Adults 24 years of age and Under**

20 and 21 and enrolled in HS

For young adult CA applicants and participants **ages 20 and 21 who are enrolled full-time in high school**, the attendance in high school is considered the individual’s full-time engagement activity. As long as the individual continues to attend high school full-time and maintains satisfactory attendance, no additional engagement activities will be required.

18 through 24 not enrolled in high school and no high school diploma

For all young adults (18 through and including 24 years of age) not enrolled in high school and without a high school diploma or HSE, HRA encourages full-time education and preparation to obtain a high school equivalency credential, as long as the individual meets established goals and sufficient progress is made toward obtaining a credential. This enables these individuals to obtain the requisite education to gain meaningful employment and to move off of the CA caseload.

HRA will also allow participants **age 24 and under** to participate full-time in Adult Basic Education (ABE), sector-based contextualized literacy training programs (for individuals with low literacy levels), ESL courses, or HSE preparation programs (for individuals at the appropriate level), as long as they meet established goals and make sufficient educational progress.

To ensure that young adult CA applicants and participants **ages 18 through 24 with a high school diploma or its equivalent** also have access to training and educational opportunities, HRA will allow them full-time engagement in vocationally-related, post-secondary education (including attendance at four-year colleges) and training programs for up to the current 12-month lifetime limit. The education or training program must be consistent with the individual’s attainment of his/her employability goal, as determined through the individual’s Employment Assessment/Employability Plan (EA/EP).

Students may have full-time, post-secondary (two and four year colleges) education count towards work participation for up to 12 months in the individual's lifetime. HRA will allow engagement in such post-secondary programs to continue beyond the 12-month limit when such education is combined with no less than 20 hours of participation (averaged weekly) in educational grant programs (such as Federal Work Study [FWS]), paid employment, or other "core" work activities (such as Work Experience Program (WEP) or community service) when paid employment is not available. Continued participation in post-secondary education will be permitted so long as the student maintains a cumulative "C" Grade Point Average (GPA) (unless the student documents an undue hardship) and is also engaged for at least 20 hours weekly in core work activities.

**Note:** Refer to [PD #13-27-ELI](#) for **eligibility** information for individuals aged 16 through 20.

## REQUIRED ACTION

Refer to [PD #09-22-ELI](#) for information on Unmarried Minor Parents/Pregnant Minors

### **16 and 17 Years of Age**

Individuals 16 and 17 years of age are exempt from employment requirements while attending secondary school or its equivalent full-time. These individuals will have an Employability Status (ES) code of **35** (Non Head of Household Child in School Full-time [age 16-18]/Exempt) or **17** (Teen Head of Household or Married Teen Enrolled in Secondary School, Equivalent or other Education Directly Related to Employment/Non-Exempt).

To exempt the Teen Head of Household attending secondary school or its equivalent on a full-time basis, the JOS/Worker must:

- scan and index the documentation to verify attendance
- initiate an Employment Plan (EP) in NYCWAY and enter "Y" in the **Other Personal Issues?** option from the **Assessment - Primary Questionnaire** screen
- enter a "Y" in the "Teen/Young Adult In High School Full Time?" Exemption option
- enter a "Y" when asked if you want to post an exemption code
- confirm by entering a "Y" that the exemption code **186V** (Determined Exempt – In High School Full Time) should be posted

TAG Referral required if not enrolled in HS or HSE preparation program

If the individual, 16 or 17 years of age, is currently enrolled in an HSE preparation program, an approved vocational training at the Department of Education (DOE), City University of New York (CUNY), or a private school, he/she may continue the education program as a full-time activity if he/she provides documentation of enrollment. The JOS/Worker must give the individual the FIA School/Training Enrollment Letter (**W-700D**) for the school/training program to complete and refer to the student to TAG through the EP. Enrollment in the educational programs allowed by TAG will be considered full-time engagement and no additional work activities will be assigned.

### **18 and 19 Years of Age**

Individuals 18 and 19 years of age can fully satisfy their CA work requirements by attending a secondary, vocational or technical school, or a HSE program at a public, private, parochial, vocational or technical institution.

Upon verifying that the 18- or 19-year-old is attending a school or program indicated above, the JOS/Worker must:

- scan and index the documentation to verify attendance
- initiate an Employment Plan (EP) in NYCWAY and enter “Y” in the **Other Personal Issues?** option from the **Assessment - Primary Questionnaire** screen
- enter a “Y” in the “Teen In High School Full Time?” Exemption option
- confirm by entering a “Y” that the exemption code **186V** (Determined Exempt – In High School Full Time) for students 18 year of age or **186H** (Excused Age 19 – In High School Full Time) should be posted

**Note:** NYCWAY will only present one of these based on the age of the student

- Select a Future Action Date (FAD) equal to the date the student will turn age 20 or the expected date of graduation, whichever comes first

### **20 and 21 Years of Age – Satisfactorily attending High School**

Individuals 20 and 21 years of age can fully satisfy their CA work requirement by satisfactorily attending high school full-time. Once verified, these individuals will not be required to participate in any additional work activities.

To ensure that these individuals are not assigned additional hours and that NYCWAY is properly identifying these individuals as fully-engaged, the JOS/Worker must:

- scan and index the documentation to verify attendance
- initiate or update an EP in NYCWAY and enter “Y” in the **Other Personal Issues?** option from the **Assessment - Primary Questionnaire** screen
- enter a “Y” in the “Adult In High School Full Time?” Exemption option
- confirm posting of Action Code **186A** (Adult in High School Full Time)
- enter Future Action Date (FAD) of no more than 180 days but no less than the end of the current school year (June 30) or calendar year (December 31)

**Note:** These individuals should not be referred to the Training Assessment Group (TAG)

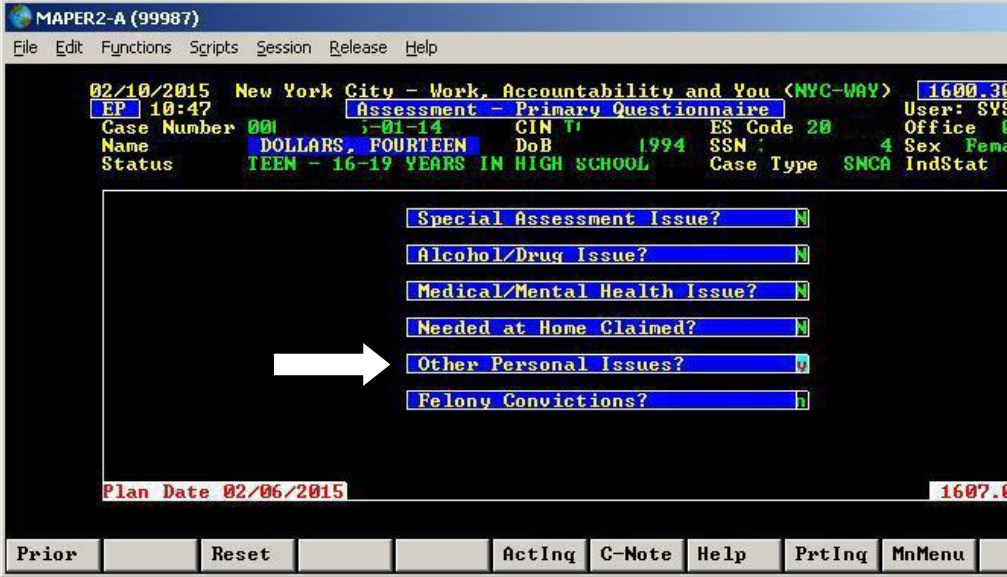
#### Special Circumstance

If an individual is over 21 years of age, but under 24, reports and verifies that he/she is still in high school full-time, further supervisory review is required. Generally, New York City Department of Education schools only permit individuals to remain in school until the end of the school year in which they turn 21. However, rare exceptions exist that allow students over age 21 to complete their high school studies. FIA staff must seek supervisory review in completing an EP for such students and alert the Center Director/Director’s Designee who will in turn contact the Regional Manager. Regional staff will in turn provide necessary NYCWAY coding, if appropriate.

#### **Documenting Students in High School Through the EP**

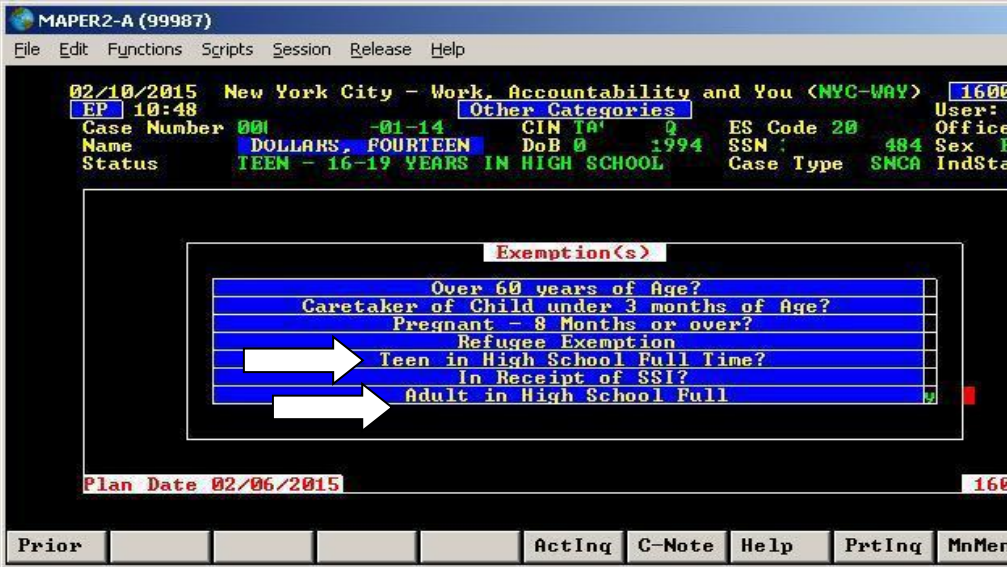
The following screens are accessed through the EP in NYCWAY and are a sample for recording that an individual ages 20 or 21 is enrolled in high school and as such is deemed to be fully-engaged. The same process is used for each age group with only the selection and output codes differing.

NYCWAY Screens



Select Teen if 16-19 years of age

Select Adult if 20-21 years of age



MAPER2-A (99987)

File Edit Functions Scripts Session Release Help

02/10/2015 New York City - Work, Accountability and You <NYC-WAY> 1600.30

EP 10:48 Personal Issues Claimed User: SYS

Case Number 000000 1-14 CIN IA 50 ES Code 20 Office 0

Name DOLLARS, FOURTEEN DoB ---/---/1994 SSN : 484 Sex Fema

Status TEEN - 16-19 YEARS IN HIGH SCHOOL Case Type SNCA IndStat

Other Circumstance(s)

Do you want to post an Exemption Code?

Plan Date 02/06/2015 1606.2

Prior ActInq C-Note Help PrtInq MnMenu

MAPER2-A (99987)

File Edit Functions Scripts Session Release Help

02/10/2015 New York City - Work, Accountability and You <NYC-WAY> 1600.300

EP 10:48 Creation of Actions and Comments User: SYS20

Case Number 0001 1-14 CIN IA 0 ES Code 20 Office 046

Name DOLLARS, FOURTEEN DoB ---/---/1994 SSN : 484 Sex Female

Status TEEN - 16-19 YEARS IN HIGH SCHOOL Case Type SNCA IndStat AC

System will Post Action Code:

186A ADULT BETWEEN 19 AND 22 YO IN HS FULLTIME

Enter 'y' to accept the Action(s) or 'n' to Deny

FAD <Future Action Date> Reqd for 186A <mm/dd/yyyy> / /

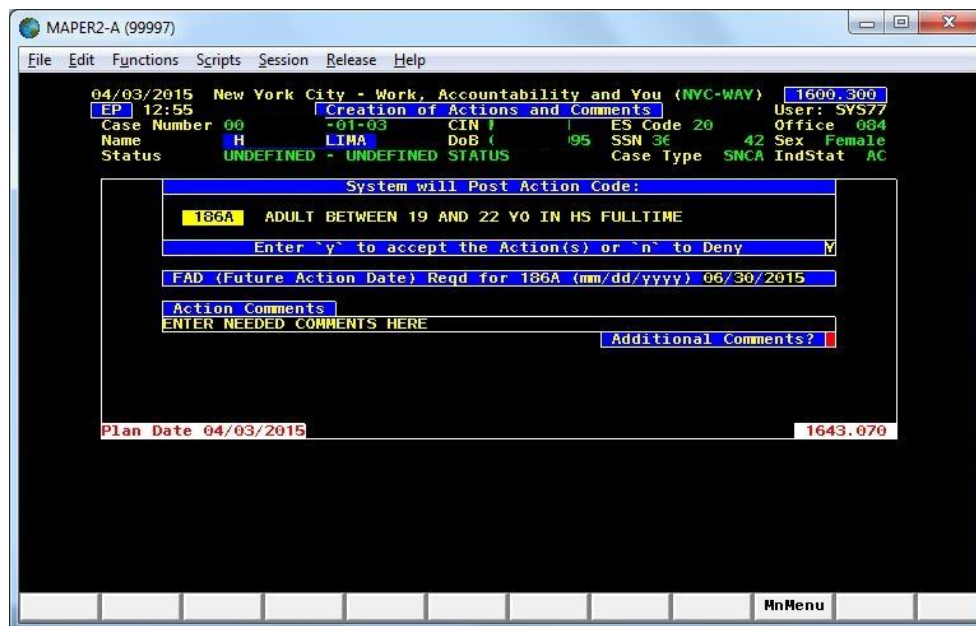
Action Comments

Additional Comments?

Plan Date 02/06/2015 1643.070

MnMenu





**Individuals through and including 24 years of age enrolled in HSE/ABE/ESL**

For all young adults (18 through and including 24 years of age) who lack a high school diploma or its equivalent, HRA permits attendance in a HSE/ABE/ESL program allowed by TAG to count as a full-time engagement activity.

Applicants

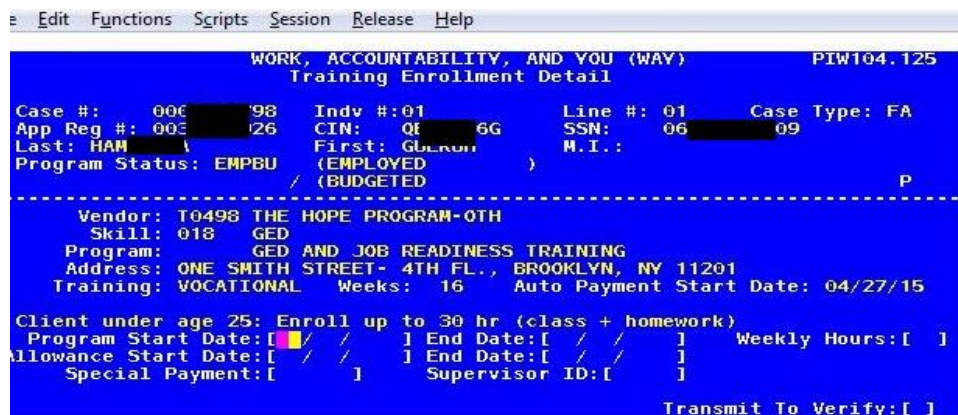
Applicants documenting that they self-enrolled in such programs will not be required to participate in any other engagement activities while his/her application is pending. Through the EP, the JOS/Worker must indicate that the applicant is self-enrolled. When the case becomes active he/she will be called in to TAG who will review the submitted documentation and, when appropriate, approve the student’s enrollment in an HSE/ABE/ESL program as full-time engagement.

Participants

Participants who indicate that they are enrolled in a training, educational or HSE/ABE/ESL program (other than attendance at a NYC Dept of Education school) must be provided a **W-700D** to be completed by the educational program and referred to TAG through the EP. TAG staff will enter the appropriate NYCWAY information as follows:

TAG Staff

When TAG staff enroll individuals 18 through 24 years of age, a note on the Training Enrollment Detail screen in NYCWAY will remind them that the individual is under age 25 and to ensure enrollment is counted as fulltime, as displayed in the following screen shot.



The Training Provider Tracking System (TPTS) will continue to be used by schools to monitor and report hours of participation for these students.

**Note:** Individuals enrolled in post-secondary education/training programs must be referred to TAG and provided a **W-700D** to be completed by the school/program.

## PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

There are no POS implications.

SNAP Implications

There are no Supplemental Nutrition Assistance Program eligibility requirements for students enrolled in high school (including High School Equivalency [HSE] programs), on-the-job training programs, schools or training programs that are not institutions of higher education.

Medicaid Implications

There are no work requirements to be deemed eligible for medical assistance (MA).

**LIMITED ENGLISH PROFICIENT (LEP) AND HEARING-IMPAIRED IMPLICATIONS**

For Limited English Proficient (LEP) and hearing-impaired applicants and participants, staff must make sure to obtain appropriate interpreter services in accordance with [PD #14-18-OPE](#) and [PD #14-24-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 case.

Conferences

An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist at Front Door Reception (FDR) must issue a ticket to the FH&C Unit.

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

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

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

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

#### Evidence Packets

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

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

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#### REFERENCES

14-ADM-04  
 08-ADM-07  
 Social Services Law § 336-a  
 42 USC § 607(c)(2)(c)  
 45 CFR § 261.33  
 18 NYCRR §§ 385.2(b), 385.6, 385.7, 385.9(c)  
 New York City 2014-15 Employment Plan

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#### RELATED ITEMS

[PD #09-22-ELI](#)  
[PD #13-27-ELI](#)

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**ATTACHMENTS**

**W-700D**

FIA School/Training Enrollment Letter (Rev.  
3/19/15)

**W-700D (S)**

FIA School/Training Enrollment Letter (Spanish)  
(Rev 3/19/15)

Date: \_\_\_\_\_  
Form Type: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Center: \_\_\_\_\_

## FIA School/Training Enrollment Letter

### I. FOR COMPLETION BY STUDENT

Applicant's/Participant's Name: \_\_\_\_\_

#### A. Training-Related Expenses

HRA is not responsible for tuition, books and fees. However, individuals who participate in HRA-approved activities are eligible to receive reimbursement for certain expenses incurred while participating, specifically child care, carfare and certain items if they are required for participation. As an applicant for or participant of Cash Assistance, I understand that I may be entitled to money for carfare and child care only if I attend my program as scheduled.

**Note:** To request child care reimbursement, a separate child care provider enrollment form must be attached.

How much do you spend on carfare each day you attend class? \$ \_\_\_\_\_

Do you need anything special in order to participate in your program?  Yes  No  
(Receipt/bill must be attached.)

If "Yes," explain special need (e.g., uniform): \_\_\_\_\_

Amount of special need: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

#### B. Agreement to Recovery of Engagement Expense Overpayments

Choose one of the following:

- I agree that any engagement expense overpayment be recovered from my Cash Assistance grant.
- I request that any engagement expense overpayment be recovered from my next or future carfare and/or child care payments.

\_\_\_\_\_  
Cash Assistance Applicant's/Participant's Signature

\_\_\_\_\_  
Date

**C. Notice to Cash Assistance and SNAP Applicants/Participants Regarding Educational Grants and Expenses:**

In accordance with current Social Services law (18 NYCRR §352.16 and §387.11[f]), any educational grant, scholarship or loan that you receive is not counted in determining your eligibility for Cash Assistance and is not considered in determining the amount of your Cash Assistance benefit. The Food Stamp Act of 1977 requires certain educational grants, scholarships and loans to be counted as income for SNAP purposes, but permits us to exclude from this income amounts for tuition, mandatory fees and certain other educational expenses.

In order to determine the correct amount of educational income to count or allow as a deduction in computing your SNAP budget, we require documentation of your educational income and expenses from your school. Please sign the release section below, which authorizes the school to provide us with this information, and have your school complete Section II of this form. After completion, please return this form to the Worker who is handling your case.

**D. Authorization to Release Information**

I authorize the school/program in Section II of this form to release information about my attendance, progress and subsequent employment to HRA. In addition, I authorize the release of information for use by HRA for Cash Assistance and SNAP purposes.

**The Student must authorize School/Training Program to complete Section II and release information to HRA.**

\_\_\_\_\_  
Applicant's/Participant's Signature

\_\_\_\_\_  
Date

**II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING PROGRAM REPRESENTATIVE**

**A. Student Information**

Applicant's/Participant's Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

School/Program Name: \_\_\_\_\_

Course of Study/Major: \_\_\_\_\_

Is this a Graduate Program or higher?  Yes  No

Does this educational program involve any distance learning or online educational coursework?  Yes  No

Vendor Code: \_\_\_\_\_

Skill Code: \_\_\_\_\_

Semester Start Date: \_\_\_\_\_ Semester End Date: \_\_\_\_\_

Enrollment Start Date: \_\_\_\_\_

(if different from Semester Start Date above)

If this is a re-enrollment, is the student maintaining a "C" average or above?  Yes  No

**B. Student Weekly Activity Schedule**

(For class hours, write "CL" in the corresponding box; for laboratory, "LAB"; for Federal Work Study (FWS), "FWS"; for internship or externship write "INT"; or for supervised homework, "SH". For activities that do not start on the hour write start and end time in box.)

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
8:00 AM – 9:00 AM								
9:00 AM – 10:00 AM								
10:00 AM – 11:00 AM								
11:00 AM – 12:00 PM								
12:00 PM – 1:00 PM								
1:00 PM – 2:00 PM	<div style="font-size: 100px; color: blue; opacity: 0.5;">SAMPLE</div>							
2:00 PM – 3:00 PM								
3:00 PM – 4:00 PM								
4:00 PM – 5:00 PM								
Evenings (Specify hrs in box)								
<b>Total Weekly Hours</b>								



**C. Work Activities: Please note that internship/externship and FWS must be approved by HRA and have a Vendor and Skill Code.**

	Vendor and Skill Code	Number of Hours
1. Number of internship/externship hours per week this semester.		
2. Number of FWS hours per week this semester.		
3. Total number of internship/externship and FWS hours per week this semester (add lines 1 and 2).		

- 1. Total weekly classroom and lab hours: \_\_\_\_\_
- 2. Homework\* and/or study time:
  - a. Supervised homework: \_\_\_\_\_
  - b. Unsupervised homework\*\*: \_\_\_\_\_
- 3. Total from II. C ., line 3 (above): \_\_\_\_\_
- 4. Total of lines 1, 2a, 2b, and 3 (total activity hours): \_\_\_\_\_

**\*Note:** For clients in approved programs, HRA will count all hours of supervised homework as well as up to one hour of unsupervised homework for every one hour of class time/credit hours, as required by the student's educational program, toward the individual's hours of engagement. However, the total homework time counted for participation cannot exceed the total hours of homework required (supervised) and/or advised (unsupervised) by the educational program.

SAMPLE

**TOTAL weekly homework and/or study hours expected:** \_\_\_\_\_

\*\*While New York law generally provides for up to 2 hours of homework/study time for every 1 credit/hour of post-secondary education, only 1 hour of homework per 1 credit/hour can be counted toward HRA's activity requirements (i.e., 15 credits/hours per semester = maximum of 15 unsupervised homework hours).



**Is the student receiving money directly from you for:**

	Weekly Amount	Source
Carfare? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____
Child Care? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____

**D. Breakdown of Expenses**

<b>Tuition</b>	⌘
<b>Loan origination and insurance fees</b>	⌘
<b>Books</b>	⌘
<b>Meals Purchased at school</b>	⌘
<b>Transportation to and from school</b>	⌘
<b>Supplies</b>	⌘
<b>Child care</b>	⌘
<b>Personal expenses (specify):</b>	⌘
<b>Living Expenses (specify):</b>	⌘
<b>Total Expenses</b>	⌘

Note: Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

<b>Non-Title IV Funded Educational Grants, Loans and Scholarships</b>	
Private scholarships (specify in the spaces below)	
1.	⌘
2.	⌘
3.	⌘
4.	⌘
<b>SEEK Program</b>	⌘
<b>College Discovery Program</b>	⌘
<b>Other (specify):</b>	⌘
<b>Total of Non-Title IV Funded Educational Income</b>	⌘

Is this program funded by a voucher?  No  Yes If Yes, please submit a copy of voucher.

\_\_\_\_\_  
 Print Name (Authorized School Representative)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email Address

Fecha: \_\_\_\_\_  
Tipo de Formulario: \_\_\_\_\_  
Número del Caso: \_\_\_\_\_  
Nombre del Caso: \_\_\_\_\_  
Centro: \_\_\_\_\_

## Carta de la FIA de Inscripción a Educación/Capacitación

### I. A SER LLENADO POR EL ESTUDIANTE

Nombre del Solicitante/Participante: \_\_\_\_\_

#### A. Gastos Relacionados con la Capacitación

HRA no cubre los gastos de matrícula, libros y tarifas. Sin embargo, las personas que participan en actividades de trabajo aprobadas por la HRA reúnen los requisitos para que se les reembolsen algunos de los gastos incurridos durante su participación, específicamente gastos de cuidado infantil, tarifa de transporte y ciertos artículos si se necesitan para participar. Como solicitante o beneficiario de Asistencia en Efectivo (CA), entiendo que puedo tener derecho a dinero para tarifa de transporte y cuidado infantil, sólo si asisto a mi programa según el horario establecido.

**Nota:** Para solicitar reembolso por cuidado infantil, a este formulario se le debe adjuntar por separado el formulario para la inscripción del proveedor de cuidado infantil.

¿Cuánto gasta usted en tarifa de transporte cada día que asiste a clases? \$ \_\_\_\_\_

¿Necesita usted algo en particular para participar en el programa?  Sí  No  
(Tiene que adjuntar recibo/factura.)

Si la respuesta es "Sí," explique la necesidad especial (p. ej., uniforme): \_\_\_\_\_

Cantidad para la necesidad especial: \$ \_\_\_\_\_ Frecuencia: \_\_\_\_\_

#### B. Acuerdo para la Recuperación de Sobrepagos de Gastos de Participación

Seleccione uno de los siguiente:

- Acepto que se recupere cualquier sobrepago de gastos de participación de mi concesión de Asistencia en Efectivo.
- Solicito que se recupere cualquier sobrepago de gastos de participación de mi próxima o futura tarifa de transporte o cuidado infantil.

\_\_\_\_\_  
Firma del Solicitante/Participante de Asistencia en Efectivo

\_\_\_\_\_  
Fecha

**C. Aviso a los Solicitantes/Participantes de Asistencia en Efectivo y SNAP Respecto a Becas y Gastos Educativos:**

Conforme a la ley actual de Servicios Sociales (18 NYCRR §352.16 y §387.11[f]), no se toma en cuenta cualquier beca o préstamo que usted reciba para determinar su elegibilidad de recibir Asistencia en Efectivo y no se toma en cuenta para determinar la cantidad de su beneficio de Asistencia en Efectivo. La Ley de Cupones para Alimentos del 1977 estipula que se consideren ciertas concesiones, becas y préstamos como ingreso para fines de SNAP. Sin embargo, la misma ley nos permite excluir del ingreso los gastos de matrícula, cuotas obligatorias y otros gastos educativos específicos.

Para determinar la cantidad correcta de ingreso educacional a tomarse en cuenta o a admitir como deducción al calcular su presupuesto de SNAP, necesitamos documentación de sus ingresos y gastos educativos de su institución educativa. Favor de firmar la sección de autorización más abajo para permitirle a su institución educativa proporcionarnos esta información y pida que un representante de la misma llene la Sección II de este formulario. Tras llenarlo, favor de entregar este formulario al Trabajador encargado de su caso.

**D. Autorización Para Divulgar Información**

Autorizo al programa de capacitación/institución educativa, citados en la Sección II de este formulario, a divulgar a la HRA información respecto a mi asistencia, progreso educativo y empleo posterior. Además, autorizo la divulgación de información para que HRA la use para fines de Asistencia en Efectivo y SNAP.

**El estudiante debe autorizar el Programa de Capacitación o Institución Educativa a llenar la Sección II y divulgar la información a la HRA.**

Firma del Solicitante/Participante

Fecha

**II. FOR COMPLETION BY AUTHORIZED SCHOOL/TRAINING PROGRAM REPRESENTATIVE**

**A. Student Information**

Applicant's/Participant's Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

School/Program Name: \_\_\_\_\_

Course of Study/Major: \_\_\_\_\_

Is this a Graduate Program or higher?  Yes  No

Does this educational program involve any distance learning or online educational coursework?  Yes  No

Vendor Code: \_\_\_\_\_

Skill Code: \_\_\_\_\_

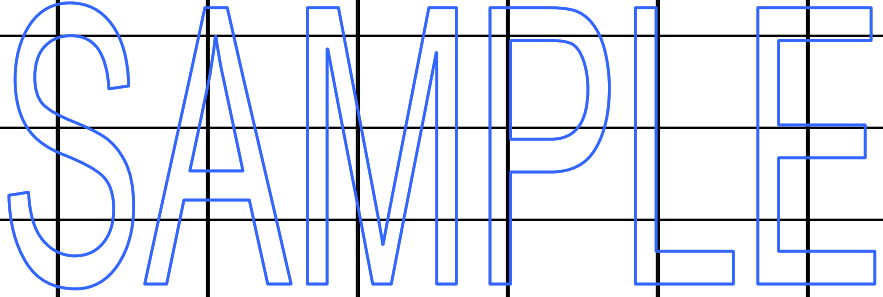
Semester Start Date: \_\_\_\_\_ Semester End Date: \_\_\_\_\_

Enrollment Start Date: \_\_\_\_\_  
(if different from Semester Start Date above)

If this is a re-enrollment, is the student maintaining a "C" average or above?  Yes  No

**B. Student Weekly Activity Schedule**

(For class hours, write "CL" in the corresponding box; for laboratory, "LAB"; for Federal Work Study (FWS), "FWS"; for internship or externship write "INT"; or for supervised homework, "SH". For activities that do not start on the hour write start and end time in box.)

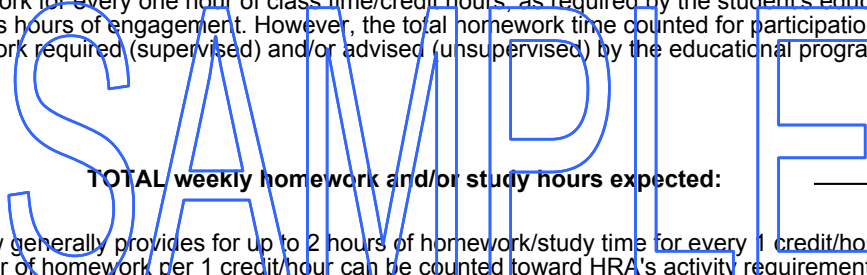
Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hours
8:00 AM – 9:00 AM								
9:00 AM – 10:00 AM								
10:00 AM – 11:00 AM								
11:00 AM – 12:00 PM								
12:00 PM – 1:00 PM								
1:00 PM – 2:00 PM								
2:00 PM – 3:00 PM								
3:00 PM – 4:00 PM								
4:00 PM – 5:00 PM								
Evenings (Specify hrs in box)								
<b>Total Weekly Hours</b>								

**C. Work Activities: Please note that internship/externship and FWS must be approved by HRA and have a Vendor and Skill Code.**

	Vendor and Skill Code	Number of Hours
1. Number of internship/externship hours per week this semester.		
2. Number of FWS hours per week this semester.		
3. Total number of internship/externship and FWS hours per week this semester (add lines 1 and 2).		

- 1. Total weekly classroom and lab hours: \_\_\_\_\_
- 2. Homework\* and/or study time:
  - a. Supervised homework: \_\_\_\_\_
  - b. Unsupervised homework\*\*: \_\_\_\_\_
- 3. Total from II. C ., line 3 (above): \_\_\_\_\_
- 4. Total of lines 1, 2a, 2b, and 3 (total activity hours): \_\_\_\_\_

**\*Note:** For clients in approved programs, HRA will count all hours of supervised homework as well as up to one hour of unsupervised homework for every one hour of class time/credit hours, as required by the student's educational program, toward the individual's hours of engagement. However, the total homework time counted for participation cannot exceed the total hours of homework required (supervised) and/or advised (unsupervised) by the educational program.



**TOTAL weekly homework and/or study hours expected:** \_\_\_\_\_

\*\*While New York law generally provides for up to 2 hours of homework/study time for every 1 credit/hour of post-secondary education, only 1 hour of homework per 1 credit/hour can be counted toward HRA's activity requirements (i.e., 15 credits/hours per semester = maximum of 15 unsupervised homework hours).



**Is the student receiving money directly from you for:**

		Weekly Amount	Source
Carfare?	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____
Child Care?	<input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____	_____

**D. Breakdown of Expenses**

<b>Tuition</b>	€
<b>Loan origination and insurance fees</b>	€
<b>Books</b>	€
<b>Meals Purchased at school</b>	€
<b>Transportation to and from school</b>	€
<b>Supplies</b>	€
<b>Child care</b>	€
<b>Personal expenses (specify):</b>	€
<b>Living Expenses (specify):</b>	€
<b>Total Expenses</b>	€

Note: Living expenses consist of housing, clothing, utilities and meals other than those purchased at school.

<b>Non-Title IV Funded Educational Grants, Loans and Scholarships</b>	
Private scholarships (specify in the spaces below)	
1.	€
2.	€
3.	€
4.	€
<b>SEEK Program</b>	€
<b>College Discovery Program</b>	€
<b>Other (specify):</b>	€
<b>Total of Non-Title IV Funded Educational Income</b>	€

Is this program funded by a voucher?  No  Yes If Yes, please submit a copy of voucher.

\_\_\_\_\_  
 Print Name (Authorized School Representative)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email Address