



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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Office of Procedures

POLICY DIRECTIVE #15-28-EMP

(This Policy Directive Replaces PD #04-22-EMP)

REVISED PARKS OPPORTUNITY PROGRAM

Date: November 5, 2015	Subtopic(s): Employment
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AUDIENCE These instructions are for Job Center Workers, Back to Work (B2W) Representatives and Parks Job Center staff. They are informational for all others.

REVISIONS TO THE PRIOR DIRECTIVE

This policy directive has been revised to indicate that:

- The Clinton Hill Job Center #67 (formerly Linden Job Center) is a Parks Job Center.
- B2W Representatives will refer participants to the Parks Opportunity Program (POP).
- Individuals who are already participating in any Rental Supplement Program are not eligible to participate in the POP.
- The POP rate of pay is \$11.79 an hour (formerly \$9.62 an hour).
- The Parks Hiring Orientation letter has been revised to include the new rate of pay at \$11.79 an hour.
- The Notice of Job Interview (**W-116G**) has been revised to include the current New York State minimum wage of \$8.75 (formerly \$7.25 an hour).
- “Grant Diversion Program Statement of Understanding” is the new name of the **EXP-76G** form. It will be available on the FIAweb as a fillable form and will auto-fill some of the form when selecting and double clicking on a “Parks Unit Center” and a “Grant Diversion Program” from the drop-down menus.
- Additional Information for the Job Opportunity Specialist (JOS)/Worker has been added regarding Grant Diversion Program (GDP) participants.
- An “Interview” has been added to the “Processing Day” for participants referred to POP.

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

- Cases that receive a New York City Work Accountability and You (NYCWAY) action code **020B** (Earned income changed \$//// to \$0.00) from the Welfare Management System (WMS) indicating that the income has been removed by Parks Job Center staff, will be placed on the **UNENG** (Unengaged) worklist to be called in to assess the participant's current work activity.
- Parks Job Center staff or designated Human Resources Administration (HRA) staff will enter NYCWAY action code **15ER** (Resigned from POP) if a participant comes to the Parks Job Center with an Employee Resignation Form from the Parks Department and good cause has been determined.

POLICY

Revised

Family Assistance (FA) caseheads who have received Cash Assistance (CA) for 12 months or more and are fully employable (employability status [ES] code **20**); TANF-converted Safety Net (SNNC) caseheads; and single Safety Net Cash Assistance (SNCA) participants are potentially eligible for referral to the Department of Parks and Recreation Parks Opportunity Program (POP) for temporary, full-time, subsidized employment. POP is mandatory for a six-month period for participants who are selected. Participants must attend mandatory job search activities one day a week while employed through the.

BACKGROUND

Revised

The Parks Opportunity Program is a wage-subsidized employment program in which the participant's CA benefit is diverted to the Parks employer for reimbursement for training costs. The period of time that a POP participant's benefit is diverted does not count against his/her five-year time limit for CA. The participant's CA case remains open and is managed by a designated Parks Job Center. The Parks Job Centers are:

- Clinton Hill Job Center #67 for Brooklyn and Queens
- Waverly Job Center #13 for Manhattan and the Bronx
- Richmond Job Center #99 for Staten Island
- East River Job Center #37 for Housing and Homeless Services

Only Parks Job Centers may take action on cases that:

- have NYCWAY action code **155M** (Employed in POP);
- have caseload **444** (Grant Diversion/Parks) in the WMS; or
- have income source code **37** (Subsidized Employment) in WMS.

In the third week of every month, Management Information Systems (MIS) transfers all cases with an open **155M** action code to caseload **444** that do not have a pending or incomplete face-to-face recertification.

Parks Job Center staff will re-budget the cases of POP participants to reflect their POP employment income. The participant's eligibility for Medical Assistance (MA) will not be affected by participation in POP. The income earned in POP is included in the calculation of the Supplemental Nutritional Assistance Program (SNAP) benefit.

New

Additional Information For the Job Opportunity Specialist (JOS)/Worker

See [PD #10-07-EMP](#), page 9, for Job Center Staff rules.

POP participants are participants in the Grant Diversion Program (GDP) and the JOS/Worker should be aware of the following rules regarding GDP participants:

- GDP participants must not be re-budgeted, sanctioned or closed by the JOS/Worker without authorization from a GDP Liaison.
- GDP participants are not excluded from the six-month reporting and eligibility mailings during their participation in a GDP.
- Every effort must be made to schedule recertification interviews around the participant's work schedule. If the work schedule cannot be accommodated, the JOS/Worker must inform the participant to contact the appropriate GDP unit for assistance.

REQUIRED ACTION

JOS/WORKER or B2W Representative

The JOS/Worker in the Case Management Unit (CMU) or B2W Representative will interview potentially eligible participants to determine if they are eligible to be referred to POP. Participants may be called in with the Employment Appointment Notice (**W-116H**) form (generated by NYCWAY action code **105W** [Referred For JOP/Wage Subsidy]), or interviewed at any point of contact by a JOS/Worker or B2W Representative.

Revised

Participant is Ineligible for an Interview to POP

A participant should not be considered for a POP interview if she/he:

Revised

- is already employed (part-time or full-time).
- is a non-payee (only the casehead is eligible).
- is in sanction status.

Revised

- is participating in any Rental Assistance Supplement Program.
- has a closed CA case.
- is in Aid-to-continue Fair Hearing status.

- has violent criminal convictions and has not been issued a “Certificate of Good Conduct” by the Department of Corrections.

Note: If a Certificate of Good Conduct has been issued, it must be forwarded to the HRA Office of Legal Affairs to determine if the participant can be considered for an interview for POP.

- is enrolled in or requires a substance abuse treatment program.

Participant is Eligible for an Interview to POP

Once the JOS/Worker or B2W Representative has determined that the participant is eligible for an interview to POP, he/she must:

Revised

- ensure that any previously scheduled Recertification or Conciliation appointments are resolved prior to referring a participant to POP;
- verify that the participant’s address in WMS is current;
- initiate the Employability Plan (EP) in NYCWAY and ensure child care is in place;
- discuss the benefits of work experience and paid employment with the participant;
- inform the participant that POP is an opportunity to gain work experience that can be used to improve his/her resume and ability to secure unsubsidized employment;
- describe the program to the participant and emphasize that he/she will work with Parks at \$11.79 an hour for 40 hours per week for six months (or until he/she secures unsubsidized employment, whichever occurs first);
- review typical tasks as listed on the Job Training Participant (JTP) Job Specification (**Attachment A**);

Revised

Note: Participants should be made aware that Parks jobs require performing vigorous physical outdoor labor.

- inform the participant that while he/she is employed through POP, his/her CA case will remain open but the grant will be diverted to the Parks employer as a wage subsidy;
- inform the participant that the amount of his/her SNAP benefit will be based upon the income earned in the program and that his/her Medical Assistance (MA) and child care payments will continue;
- inform the participant that for as long as his/her case remains in active status, all eligibility appointments/requirements are mandatory and must continue to be met as participation in POP is contingent on continuing to meet HRA requirements;

- inform the participant that while employed at Parks, Parks requires a paid, one-day-a-week job search appointment at one of their offices and participation in job search is mandatory. Failure to comply with job search will result in his/her termination from POP. If the participant infracts with POP he/she must be offered conciliation. If it is determined that the noncompliance was without good cause, he/she may be sanctioned and will be ineligible to receive CA or participate in the POP.

Interview With the POP is Inappropriate

If the participant claims a condition or situation that prevents him/her from accepting an interview with POP, and/or the participant is already engaged, the JOS/Worker or B2W Representative should enter action code **115W** (No Activity Needed; Already Assigned) in NYCWAY to return the participant to his/her original assignment. The participant must be informed to return to his/her original assignment the next day. If the participant is not already assigned, the EP must be updated and completed to assign him/her to an appropriate activity.

Revised

Making the Referral for Interview/Processing Day

To make a referral for an interview and processing with POP, the JOS/Worker or B2W Representative must:

Revised

- enter action code **155G** (Interview to Parks/Grant Diversion) in NYCWAY, to generate the Notice of Job Interview (**W-116G**) form, and close all other work activities.

While participating in the POP, participants are responsible for their own carfare from earned income.

Note: Action code **155G** cannot be entered without a current EP having been initiated or updated within the previous 30 days. Participants who receive action code **155G** will be placed on the **WEPUP** (Referral Parks/Grant Diversion) worklist. The **155G** will also discontinue carfare authorized to participate in a work activity.

Revised

- provide Parks Department staff with the list of participants who were referred to POP with NYCWAY action code **155G** before each Interview/Processing Day. This list should be sent once the maximum number of appointments for the day is filled, and not less than one day prior to the appointment date.
- give the participant the Grant Diversion Program Letter (**EXP-75**) form.
- review the **W-116G** and the **EXP-75** with the participant, discussing the program, documents required for the interview, and directions to the interview location.

- make copies of the **W-116G** and **EXP-75** and inform the participant that he/she is to give these copies to his/her current work activity supervisor.
- scan and index the **W-116G** and **EXP-75** into the participant's case file.
- inform the participant that the referral to POP for a job interview is a mandatory appointment and he/she must be on time for the appointment (Participants who report late may be returned to the Job Center).

Failure to Report to the Employment Call-in Appointment

If a participant is called in for a POP referral and fails to report to the Job Center for the mandatory employment call-in appointment (NYCWAY action code **105W**), NYCWAY will auto-post action code **434O** (Failure to Report to Job Opportunity Program Appointment) in NYCWAY five days after the missed appointment. This will initiate a conciliation process where the participant will have an opportunity to provide a valid reason for failing to report to the employment call-in appointment. Based on the outcome of the conciliation process, the participant may or may not be eligible to continue to receive CA.

INTERVIEW/
PROCESSING DAY
(Revised)
Department of Parks
and Recreation

Participants referred to POP must report for an interview and processing of documents. Parks Department staff must:

- ensure that all necessary paperwork is completed by each participant to be hired.
- ensure that each participant is photographed and fingerprinted.
- enter action code **155O** (Referred for Parks Orientation) in NYCWAY for participants who have completed the interview, submitted all required documentation for processing, and have been selected for hiring. The system will only allow the Hiring Orientation to be rescheduled once. Action code **155O** places the participant on the **PKORI** (Referral For Parks Orientation) worklist, which Parks staff can access in NYCWAY.
- enter action code **155Q** (Pending Parks Documentation) with a Future Action Date (FAD) in NYCWAY for participants who have been selected for hiring but have not submitted all required documentation such as a Social Security card or letter of disposition for those who have nonviolent criminal convictions. The FAD can last for up to 30 days and can be rescheduled only once. Action code **155Q** will place the participant on the **PKPEN** (Pending Parks Documentation) worklist. If the participant reports to Parks by the FAD with all required documentation, enter action code **155O** in NYCWAY to refer the participant to the next open Hiring Orientation.

Revised

- enter action code **155Z** (Ineligible for Parks Program) in NYCWAY for those participants who are permanently ineligible for employment with Parks. A comment entry for reason is required. Examples of someone who is permanently ineligible would be someone who has been found to have:
 - unreported violent criminal convictions.
 - worked previously for the Parks Department.
 - a permanent medical condition that is not suitable for outside physical labor.
 - severe behavioral problems.

The NYCWAY action code **155Z** places the participant on the **UNENG** (Unengaged) worklist for reassignment;

- annotate the **WEPUP** worklist of participants referred to POP (NYCWAY action code **155G**) to indicate the outcome for each participant, including no-shows;

Failure to report to Interview/Processing Day

- enter action code **434U** (Failure to Report to a Job Interview) in NYCWAY for those who are on the **WEPUP** worklist but are absent without notification.

Parks Job Center JOS Staff

Parks Job Center JOS staff will attend the Interview/Processing Day and:

- bring a current list of participants who were referred to POP with NYCWAY action code **155G**. This is done to ensure that there are no closed cases or cases where the individual is in sanction status.
- check attendance against the **155G** list. If there are participants present who are not on the list, they must be referred back to their Job Center.
- ensure that child care is in place for each participant, assist participants in completing necessary hiring paperwork, answer questions about how the program affects their CA case, and address any barriers that may arise such as medical problems.
- enter the participant's name and case number on the Parks Opportunity Program Hiring Orientation letter (**Attachment B**).
- give the participant a copy of the POP Hiring Orientation letter which informs him/her where and when to report for his/her first day of work with Parks.
- take the original POP Hiring Orientation letter to the Parks Job Center to be scanned and indexed into the participants' case file.

Revised Parks Hiring Orientation Letter

- remind participants that failure to keep a mandatory HRA appointment will result in the CA case being closed and termination from POP.
- monitor the **WEPUP** worklist for any open action code **155G** that has remained open for five or more days after the Interview/Processing day.
- contact Parks to ascertain the status of participants and ensure the appropriate NYCWAY action code is entered.
- check the **PKORI** worklist the day before the Hiring Orientation Day to ensure that there are no closed cases or individuals in sanction status.

Revised

**HIRING
ORIENTATION DAY**
(Revised heading)

Hiring Orientation Day is the first day of work for participants chosen by Parks for POP. Parks Job Center staff and Parks staff work together on this day to ensure that all selected participants are properly processed and that there are no unaddressed barriers to employment.

Department of Parks
and Recreation Staff

Parks Department staff will:

- annotate the **PKORI** worklist to indicate participants who have begun working and must receive action code **155M**.
- give participants a more detailed description of the program and the Grant Diversion Program Statement of Understanding (**EXP-76G**).
- remind participants that they are expected to work 40 hours per week. If they work less than 40 hours per week they will only be paid for actual hours worked. Participants should be allowed time to resolve child care and medical issues and to attend job interviews. Parks Department staff should allow participants to make up time for these appointments by making adjustments to their work schedules.
- enter action code **452J** for participants who did not report to Hiring Orientation Day. Since acceptance of a job offer is an eligibility requirement, the posting of action code **452J** will result in a case closing. (Action code **452J** will be system generated five days after Orientation on those cases where no other outcome has been posted to close out the **155O**.)

Failure to Report to
Hiring Orientation Day

Revised

Parks Job Center Staff

Parks Job Center staff will:

Revised

- attend the Hiring Orientation Day (along with Regional representatives) to address any issue that may have presented itself as a potential barrier to employment since the Processing Day Interview.

Revised

- check attendance against the **PKORI** worklist. If there are participants at the Hiring Orientation who are not on the **PKORI** worklist they must be referred back to their Job Center.

Participant responsibility for paying living expenses from earned income

- make sure the participant understands that as an employed person, he/she will be responsible for paying his/her expenses such as rent, utilities and transportation from his/her earned income.

Participants whose CA grant is restricted for shelter and utility costs will become responsible for making part or all of those payments as follows:

- Participants whose CA deficit is reduced to zero once the earned income is budgeted and all eligibility tests (185% gross income, poverty, net income, etc.) have been applied, including any recoupments, will become responsible for payment of their full shelter and utility costs.
- Participants who still have a deficit after budgeting earned income will become responsible for shelter and utility costs that exceed the restricted payments. For example: Before earned income is budgeted a household of two has a rent cost of \$400. The maximum CA shelter of \$283 is restricted (paid directly to the landlord) and the participant is responsible for \$117. Once the earned income is budgeted, if the participant has a CA deficit of \$100, the entire \$100 grant is restricted to the landlord and the participant is responsible for paying the \$300 balance due on the rent and the full amount of their utility cost.

Revised

Form **EXP-76G**, was formerly known as the Participant Statement of Understanding.

- review with participants the **EXP-76G** form. Parks Job Center staff will ensure that each participant signs and dates the **EXP-76G**.
- give the participant a copy of the **EXP-76G**. The participant's copy of the **EXP-76G** must include the name and Center number of the appropriate Parks Job Center, as well as the telephone number for the participant to call with questions or when he/she needs help.

See [PB #03-188-EMP](#) for a more detailed full explanation of the requirements for supplemental grants.

- ensure that participants understand the process for requesting supplemental benefits. If a participant misses work due to documented circumstances beyond his/her control he/she may request a supplemental grant from his/her Parks Job Center up to 10 days after the month of the missed income. A participant must provide a copy of the paystub for the period for which he/she is requesting a supplemental grant and provide documentation of the reason he/she missed work. Participants must be made aware that supplemental grants are provided in the amount necessary to meet the household's budgetary needs and not in an amount equal to the reduction in income (In most cases, participants who only miss a day or two of work will not qualify for a supplemental grant.).
- explain to the participant that upon completion of POP assignment he/she must apply for Unemployment Insurance Benefits (UIB) from the New York State Department of Labor (State DOL) as an eligibility requirement for cash assistance. Participants will be required to submit verification from the State DOL to their Parks Job Center JOS/Worker that they filed for UIB.
- collect the **PKORI** worklist, annotated by Parks staff, indicating the participants who began working and must receive NYCWAY action code **155M** (Parks/Grant Diversion-Client Working).
- take the original **EXP-76Gs** to the Parks Job Center to be scanned and indexed into the participants' case file.
- enter the **155M** action code within two days after the Hiring Orientation Day.

Revised

**PROGRAM
ADMINISTRATION**

Parks Job Center
Staff

The Parks Job Center staff provide all case management for participants who are active in POP (those who have received action code **155M**), including de-assigning, re-budgeting, updating the EP, recertification, issuing supplemental benefits when necessary, Conciliation, Mandatory Dispute Resolution (MDR), and other case actions. Parks Job Center staff will:

- for every case with action code **155M**:
 - complete the informational **FIA-3A** (action code **16FI**) in NYCWAY.
 - Enter the earned income amount of \$471.60 (40 hours per week at \$11.79 per hour) into the Paperless Office System (POS) as follows:
 - Click Change Case Data
 - Enter the participant's case number
 - Click search
 - Highlight the name of the participant

Revised

- Click Perform Specific Action (Employment).
- Select the name of the employed individual from the drop-down menu in the “Who” field, complete all employment information, then click “OK”.

- Manually re-budget the case as of the participant’s first day of pay to reflect earned income as follows:
 - Click on the Pick List, then click Budget.
 - On the Budget screen, click “**New Budget**”.
 - On the following Household/Suffix Financial Needs screen, in the “**PA Routing**” field, select **E500** from the drop down, then click “**Income or Results**”.
 - On the following Individual Income/Needs screen:
 - In the “**Hours Worked**” field enter **173**;
 - In the “**Employability Status**” field select **Employed Full Time and Part Time** from the drop down;
 - In the “**Income**” section, for the employed person’s line:
 - in the “**Source**” field, select **Income from TEAP** from the drop down;
 - in the “**Frequency**” field, select **Weekly** from the drop down;
 - in the “**Gross**” field enter **471.60**; and
 - in the “**Program**” field, select **PA & FS** from the drop down.
 - Click “**Calculate Budget**”.

WMS will calculate a new budget and provide a budget number shown on the WMS Budget Calculation screen. When a pop-up screen displays the new Budget Identification Number, click “OK”.

- On the following TAD Data screen, in the “**Unit Worker**” field enter **00444**, and enter the budget number (from the WMS Budget Calculation screen) in the “**WMS Bdgt#**” field.
- Click “**Show Individual Data**” and in the “**Employability code**” field, enter **27** (Employed Full Time).
- Click “**Run Rules**”
- On the following Existing Budgets screen, highlight the row displaying the new saved WMS budget number and click “**Next**”.
- Prepare Notice of Intent to Change Benefits: Public Assistance, Supplemental Nutrition Assistance Program (SNAP) Benefits, and Medical Assistance Coverage and Services, forms **LDSS-4015A** and **B**.
- Send a copy of the **LDSS-4015A** and **B** to the participant.
- Add case comments.
- Submit the participant’s case to the Supervisor for approval.

- enter action code **155X** in NYCWAY to de-assign participants who:
 - were referred to POP inappropriately (e.g., not physically able to perform required tasks, needed at home, enrolled in an education/training program, etc.); or
 - reported to their Interviewing/Processing Day or Hiring Orientation Day late without good cause and are being returned to HRA; or
 - are missing a Social Security Number.

The **155X** action code must be accompanied with a comment concerning the reason for the de-assignment. The **155X** action code will place the participant on the **UNENG** worklist.

- Enter one of the following action codes in NYCWAY when a participant informs the Parks Job Center JOS/Worker that he/she has obtained unsubsidized employment:
 - **155V**- the individual has been hired by the Parks Department, or;
 - **155W**- the individual has obtained unsubsidized employment not with Parks;

Revised

Note: Parks Job Center staff only enters action codes **155V** or **155W** if the Parks Department has not made these entries.

Participant Obtained
Unsubsidized
Employment

- monitor the **HIRED** (GD Comp.-Hired) worklist of participants who have obtained unsubsidized employment and have received either action code **155V** (Grant Diversion Completed-Hired at Parks) or action code **155W** (Grant Diversion Completed-Hired outside Parks) from the Parks Department.
- Re-budget cases receiving unsubsidized employment income (action codes **155V** or **155W**) as follows:
 - Complete an informational **FIA-3A**, entering **400** (Parks Department) as the source code;
 - Calculate a new budget to reflect the new income and:
 - Remove the **E500** routing code
 - remove ETI code **T**
 - Change Income Service Code (ISC) **37** to the appropriate ISC
 - Adjust frequency and amount to reflect new employment income.
 - If income is sufficient to meet the household's budgetary needs, close the case with an employment income code to ensure transitional benefits for eligible cases (SNA singles may not be eligible for transitional benefits);
 - if the case still has a budget deficit and will remain open, transfer the case from caseload **444** back to its original caseload and/or Job Center.
- enter action code **155T** (Client Terminated) in NYCWAY if a participant comes to the Parks Job Center with an Employee Termination Form (**Attachment C**) from the Parks Department. When action code **155T** is entered, the participant will be placed on the **PHOLD** (Terminated from POP) worklist.

Revised

- monitor the **PHOLD** worklist. For participants who appear on the **PHOLD** worklist, Parks Job Center staff will close out the Parks assignment and remove the Parks earned income from the case. When the income has been removed, NYCWAY will receive action code **020B** (Earned income changed \$//// to \$0.00), and the employability status (ES) code will change to **20** (fully employable), and the case will be placed on the **UNENG** worklist.

Note: Action Code **15ER** can also be entered by designated HRA staff

- enter action code **15ER** (Resigned from POP) in NYCWAY if a participant comes to the Parks Job Center with an Employee Resignation Form (**Attachment D**) from the Parks Department and it has been determined that the participant had good cause for resigning. Select the appropriate reason for the resignation from POP, review and change the employability code (if necessary), and calculate and save a new budget to remove the Parks employment income.

When the case is rebudgeted, NYCWAY will receive code **020B** from WMS indicating that the income has been removed and the case will be placed on the **UNENG** worklist.

New

See [PB #04-174-EMP](#)

- Enter action code **452V** (Voluntary Quit) in NYCWAY for a participant who resigns and good cause has not been granted. Once the **452V** has been posted, action code **403V** (Conciliation Initiated) will automatically post in NYCWAY which will generate a conciliation notice to be sent to the participant. A participant who resigns and good cause has not been determined, will be considered to have “Voluntarily Quit” his/her job. To voluntarily quit assumes the termination of employment was without good cause unless the participant demonstrates otherwise.
- re-budget the case if required at Recertification or when there are household changes;
- issue supplemental grants as required.

Unengaged Worklist

See [PB #03-188-EMP](#)

Cases on the **UNENG** worklist are batch scheduled overnight and will receive either action code **110A** (Call in for employment interview) or action code **109G** (Call in letter-mandatory apt.), which are system generated by NYCWAY. Both of these action codes will generate a Mandatory Appointment for Evaluation of Work Activity (**W-584K**) form, to assess the participant’s current work activity and determine if he/she needs to be re-engaged in a non-POP work activity.

See [PB #10-91-OPE](#) for revisions to form **W-584K**

Conciliation Notice Outcomes

If the participant responds to the Conciliation notice and good cause is granted, the Parks Job Center staff will reengage the participant and transfer the case back to the original Job Center in a non-POP work activity.

If the participant does not respond to the Conciliation notice or responds and good cause is not granted, Parks Job Center staff will transfer the case to the original Job Center. The participant will appear on the original Job Center's **NOI** (Notice of Intent) worklist.

Department of Parks and Recreation

Parks Department staff monitor daily attendance and compliance and administer the mandatory one-day-a-week job search. In addition, Parks Department staff will:

Revised

- inform HRA Employment Services staff on a monthly basis of the dates and locations of Interview/Processing and Hiring Orientation days, as well as participants' first and last dates of pay;
- provide any training necessary for participants to perform assigned tasks;
- allow participants time off to attend mandatory HRA appointments. Participants should also be allowed time to resolve child care and medical issues and to attend job interviews. Parks Department staff should allow participants to make up the time for these appointments by making adjustments to the work schedule;
- on a bimonthly basis provide a report to HRA of POP participant work hours extracted from the NYC Payroll Management System;
- enter job placement outcomes (**155V/155W**) in NYCWAY when a participant finds an unsubsidized job.

These action codes place the individual on the **HIRED** worklist, which is monitored by Parks Job Center staff.

- complete an informational **FIA-3A** entering **400** as the source code;
- enter either action code **160F** (job placement full-time) or action code **160P** (job placement part-time) in NYCWAY, as appropriate.
- enter in NYCWAY action code **155T** when a participant is terminated from POP. Enter a comment to indicate the reason for the termination. A copy of the Notice of Participant Termination must be sent to HRA Employment Services, which will ensure that copies of the Notice are delivered to the appropriate Regional offices for scanning and indexing into the individual case file, and to Grant Diversion for agency payment resolution. A copy will also be kept on file at the Parks Department.

CONCLUSION OF POP

Department of Parks and Recreation

The Parks Department will indicate all participants who are nearing the completion of their POP assignment and those participants the Parks Department would like to continue to work with on job search by entering the appropriate action code in NYCWAY:

- Action code **155L** (Eligible for Parks 2) with a FAD equal to the date of the participants' last full paycheck in NYCWAY for participants who may continue to work with the Parks Department on job search activities after the six-month POP completion date. The individuals will be identified at the end of their fifth month in POP.
- Action code **155U** (Parks/Grant Diversion completed) with a FAD equal to the date of the participants' last full paycheck for participants who have completed their six-month job at Parks and will not continue with the Parks Department for further job search.

The above action codes will place the participant on the **PKCOM** (Completed-Parks/Grant Diversion) worklist.

Each participant should be given the Parks Opportunity Program Completion Letter (**Attachment E**) in the first week of their sixth month in the program. This letter informs the participant that as a condition of eligibility for CA, he/she must apply for Unemployment Insurance Benefits (UIB) once their employment with POP ends. The participant is informed that he/she will receive a separate call-in notice from HRA for an eligibility appointment at the Parks Job Center, and that he/she must bring with them to the appointment, documentation from the State DOL, indicating he/she has filed an application for UIB.

Parks Job Center Staff

Parks Job Center staff are responsible for managing all case actions at the conclusion of a participant's POP employment. These case actions include:

- eligibility review;
- re-budgeting;
- updating the EP;
- reengagement in appropriate activities if the participant is not employed full-time in unsubsidized employment; and

- transferring the case back to the original Job Center after all open case actions have been completed. The Parks Department may request some participants to continue job search at the Parks Department for an additional period of time beyond the six-month wage subsidy employment.

Eligibility Review Call-In Participants must be manually sent the Notice to Report to Job Center (**M-3g**), which is an eligibility call-in appointment.

This appointment serves two purposes:

- For the participant to pursue an available resource, and
- For the participant to be re-engaged in an appropriate employment needed activity.

Verification of Application for Unemployment Insurance Benefits

When the participant reports to the call-in appointment, Parks Job Center staff must request and make a copy of the State DOL documentation verifying application for UIB which must be imaged into the case file. If the participant does not have the required State DOL documentation, the JOS/Worker will provide a return appointment. If the participant has a face-to-face Recertification pending, it should also be done at this time. Failure to report to the eligibility call-in appointment without good cause will result in the CA case being closed.

Employment Interview

The employment interview begins with the initialization or updating of the EP.

Whether the individual has action code **155L** or **155U**, the JOS/Worker will provide work activities based upon the EP and the participant's preferences, including education/training.

Parks Department staff will post action code **155L** in NYCWAY to indicate that the participant is interested in continuing with Parks for job search. Once action code **155L** has been posted in NYCWAY, the JOS/Worker must assign the participant to Job Search with the Department of Parks and Recreation.

Parks Department staff will post action code **155U** in NYCWAY to indicate that the participant has completed her/his participation in the POP. Once action code **155U** has been posted in NYCWAY, the JOS/Worker must remove the Parks income from the case as of two weeks after the participant's last full paycheck.

The system will post action code **121J** (Assigned to Job Search) and will offer MTA WEP (Metropolitan Transportation Authority Work Experience Program) as the concurrent assignment. If this assignment is selected, the system will post action code **120A** (Assigned to WEP). This MTA WEP assignment will start four weeks after the Parks job search begins. The Parks job search is full time for the first four weeks. After four weeks, Parks job search will be two days a week and MTA WEP will be three days a week.

Participants should be informed that as part of the MTA WEP program, they will be considered for an entry-level subway car cleaner position at the MTA. As part of the MTA WEP orientation, those individuals who worked at Parks will receive information regarding these jobs. Participants must understand that successful WEP participation is a prerequisite for the MTA job.

Re-budgeting After
Completion of the POP

Parks Job Center staff are responsible for monitoring the **PKCOM** worklist of participants who have completed POP. On the FAD that was entered with the **155L** or the **155U**, Parks Job Center staff will remove the income and re-budget the case as of two weeks after the participant's last full paycheck. If the participant is receiving UIB benefits (some participants may not be eligible for UIB) these benefits must be appropriately budgeted.

After the participant is fully reengaged, the EP has been updated, and the budget has been restored, Parks Job Center staff will remove the **444** caseload and transfer the case to its original caseload and/or Job Center.


Failure to Report to
Eligibility Call-in
Appointment

Failure to report to an eligibility appointment or to provide documentation required for continued eligibility will result in a case closing, using WMS closing code **N17** (Failure to Complete Eligibility Process).

**PROGRAM
IMPLICATIONS**

Paperless Office
System (POS)
Implications

Enter a case comment for all actions taken on a case. To make a case comment:

- select "Make a Case Comment", "CA Change Case Data" or "CA Recertification Interview" on the activities menu;
- click on the case comments icon  or press <ALT>M on the keyboard.

If the participant claims good cause for an infraction, his/her supporting document(s) must be scanned and indexed as follows:

- Scan the document(s) using the scanner;
- Select “Image Indexing” from the Tool menu;
- Index the scanned document(s).

Access NYCWAY to make required entries by minimizing POS and clicking on the NYCWAY icon on the desktop.

Make all entries on the POS TAD and POS Budget needed to comply with this Policy Directive.

Scan and index all non-POS-generated documents that are signed by the individual into the electronic case file, except Domestic Violence related documents.

Supplemental Nutrition Assistance Program (SNAP) Implications

The SNAP cases of participants in POP will be re-budgeted based on the amount of earnings.

Participants who are nonexempt from both CA and SNAP work requirements and who fail to comply with a work activity assignment without good cause will be sanctioned on both the CA and SNAP cases.

Participants who are work rules exempt for SNAP purposes are not subject to SNAP sanctions for failing to comply with a work activity.

Medical Assistance (MA) Implications

Compliance with work rules is not a condition of Medical Assistance eligibility. In cases where the participant is sanctioned for failure to comply with CA work rules, make a separate determination for Medical Assistance.

LIMITED ENGLISH PROFICIENCY (LEP) AND HEARING IMPAIRED IMPLICATIONS

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

FAIR HEARING IMPLICATIONS

Avoidance/Resolution

Participants have the opportunity to explain the reason for the infraction and provide supporting documentation during a Fair Hearing Conference.

Conferences If a participant does not report for a Conciliation meeting or reports but the issue is not settled, the participant has another opportunity to settle the issue at a Conference. If a participant comes to the Parks Job Center and requests a Conference, the Job Center Receptionist must alert the Job Center's Fair Hearing and Conference (FH&C) Unit that the participant is to be seen by an AJOS I/FH&C Supervisor. When a participant with caseload designation **444** requests a Conference, the FH&C representative may contact the POP Representative to discuss the issue and to request any additional pertinent documentation. After reviewing the participant's case file and discussing the issue, the FH&C Supervisor will make a decision.

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

Fair Hearing Requests Upon receipt of the Fair Hearing request (**OAH-1891**), the Centralized Aid-To-Continue Unit at the Fair Hearing Tracking, Monitoring and Review Unit (FHTMRU) will review the **OAH-1891** to check for aid status. If the status is aid-to-continue, the FHTMRU will maintain the participant's TEAP status and supplement any lost benefits if necessary.

All aid-to-continue granted for participants will be processed by the Centralized Aid-To-Continue Unit.

Evidence Packets For all actions related to POP, the Job Center's FH&C Unit will contact the Parks Job Center Representative for documents required for the Fair Hearing Evidence Packet. All complete and relevant evidence packets must include a copy of the following:

- Employment Appointment Notice (**W-116H**)
- Notice of Job Interview (**W-116G**)
- New York City Parks Opportunity Program cover letter (**EXP-75**)
- Grant Diversion Program Statement of Understanding (**EXP-76G**) signed and dated by the participant
- Parks Opportunity Program Orientation letter
- Notice of Intent to Change Benefits (**LDSS-4015A and B**) and Budget Summary sent to the participant
- Parks Opportunity Program Completion letter
- Employee Termination Form (if applicable)
- Employee Resignation Form (if applicable)
- History Sheet (**W-25**)
- Notice to Report to Job Center (**M-3g**)

- All other documentation relating to action taken

RELATED ITEMS

- [PB #03-188-EMP](#)
- [PB #04-174-EMP](#)
- [PB # 10-91-OPE](#)
- [PD #10-07-EMP](#)
- [PD #14-18-OPE](#)
- [PD #14-24-OPE](#)

ATTACHMENTS

Forms can now be accessed through Print on Demand at all Job Centers.

- Attachment A** Job Training Participant (JTP) Job Specification
- Attachment B** Parks Opportunity Program Hiring Orientation Letter
- Attachment C** Employee Termination Form
- Attachment D** Employee Resignation Form
- Attachment E** Parks Opportunity Program Completion Letter
- LDSS-4015A-NYC** Notice of Intent to Change Benefits: Public Assistance, Supplemental Nutrition Assistance Program (SNAP) Benefits, Medical Assistance Coverage and Services (Timely and Adequate) (NYC), Part A (Rev.8/12)
- LDSS-4015B-NYC** Notice of Intent to Change Benefits: Public Assistance, Supplemental Nutrition Assistance Program (SNAP) Benefits, Medical Assistance Coverage and Services (Timely and Adequate) (NYC), Part B (Rev. 8/12)
- EXP-75** Grant Diversion Program Letter (Rev. 11/4/15)
- EXP-75 (S)** Grant Diversion Program Letter (Rev. 11/4/15)
- EXP-76G** Grant Diversion Program Statement of Understanding (Rev. 11/4/15)
- EXP-76G (S)** Grant Diversion Program Statement of Understanding (Spanish) (Rev. 11/4/15)
- M-3g** Notice to Report to Job Center (Rev. 7/22/14)
- M-3g(S)** Notice to Report to Job Center (Rev. 7/22/14)
- W-25** History Sheet (Rev. 12/9/10)
- W-116G** Notice of Job Interview (Rev. 11/4/15)
- W-116G (S)** Notice of Job Interview (Spanish) (Rev. 11/4/15)
- W-116H** Employment Appointment Notice (Rev 11/4/15)
- W-116H (S)** Employment Appointment Notice (Spanish) (Rev. 11/4/15)
- W-270** Routing Control Sheet (Rev. 7/5/11)
- W-584K** Mandatory Appointment for Evaluation of Work Activity (Rev. 8/24/10)

W-584K (S) Mandatory Appointment for Evaluation of Work
Activity (Rev. 8/24/10)



JOB TRAINING PARTICIPANT (JTP) JOB SPECIFICATION

40 HOURS/WEEK

As a Job Training Participant (JTP), you will be required to perform general work on a seasonal basis in a variety of different agency programs. Under close supervision, you will receive training in and assist in performing entry level assignments and tasks such as those listed below. In addition, you will attend scheduled training sessions, employment readiness counseling, and job search.

EXAMPLES OF TYPICAL TASKS

NOTE: Parks does **NOT** offer positions that are **ONLY** clerical. Trainees must be willing and able to perform the work listed in **all** of the descriptions below:

- Assist in general maintenance and cleaning work, such as: sweeping, raking, picking up litter; collecting and disposing of refuse; emptying receptacles; cleaning park facilities and grounds; removing snow and ice; assist in performing maintenance and minor repair work on structures and equipment.
- Assist in performing clerical work, including answering telephones data entry and office machine operation.
- Assist in providing recreation services at public facilities.
- Assist in providing security.

EMPLOYMENT SKILLS COUNSELING AND JOB SEARCH

JTP workers are required to attend mandatory employment skills counseling and job search through the Parks Department. Employment counseling sessions, pre-scheduled interviews, and pre-scheduled job search days will be considered work days and JTP workers will receive pay for hours spend in those activities. Attendance at employment counseling and job search are considered conditions of employment. Failure to attend or actively participate will result in disciplinary measures that could include termination from Parks.

QUALIFICATION REQUIREMENTS:

- All JTP workers **must be able to take directives in English (safety precaution)**. There are no formal education or experience requirements. Certain positions, such as security or clerical assignments, may have some requirements associated with the work to be performed.
- HRA case must be open and in good standing at point of hire and through duration of employment.



NYC Parks
Opportunity
Program

ATTACHMENT B

Name

Case #

Welcome to NYC Parks. We are pleased to have you here helping us care for more than 28,000 acres of parkland and 1,000 playgrounds. Your effort to provide clean, safe, and attractive parks and playgrounds improves the quality of life for everyone in New York City.

This position pays **\$11.79** per hour for a **40 hour work week**. Your workweek will consist of **4 days** at your worksite and **1 day** meeting with POP staff who will assist you with your transition into employment. This position is seasonal, and will last no more than 6 months.

Your next appointment is New Hire Orientation, which is on _____ at **9am** sharp. Please ensure you bring a pen and a bag to carry your new uniform in. You should be prepared to stay all day (9am-5:30pm)

Location Directions:

Additional Instructions:

You must be dressed appropriately for this appointment. Specifically, you may not wear:

- Jeans
- Sneakers
- Hair covering (unless for religious purposes)
- Tshirts
- Revealing shirts or shorts, or anything cut or altered
- Sweatpants or sweatshirts

Congratulations, and welcome to NYC Parks! We look forward to working with you.

Participant's Signature

Date



EMPLOYEE TERMINATION FORM

ATTACHMENT C

SUPERVISOR: Complete Section 1 and submit to your Borough/Bureau Chief.

BOROUGH/BUREAU CHIEF: Complete Section 2 and submit original signed form to Payroll & Timekeeping Division.

SECTION 1: To be Completed by Supervisor:

Please Check a box:

Full-Time Employee

Seasonal or JTP Employee

Employee Last Name: MI: Employee First Name:

ERN: Civil Service Title: Borough/Bureau:

District/Division: Supervisor's Name: Supv. Title:

Check Reason for Termination:

- Due to illness or physically unable to perform duties (attach medical documentation)
- Unsatisfactory work performance (attach Supervisory Conference and/or evaluation)
- Insubordination: Failure to carry out orders (attach Supervisory Conference and/or evaluation)
- Absent Without Leave (AWOL) - specify dates and attach copies of timecard(s)
- Excessive Absence & Lateness (attach Supervisory Conference and copies of timecards)
- City of New York Department of Personnel Order (attach D.O.P. Letter)
- Other (specify and attach documentation):

Effective Date of Termination:

Supervisor's Signature

Print Name

Date

SECTION 2: Borough/Bureau Approvals:

PRM/Director's Signature

Print Name

Date

Borough/Bureau Chief Signature

Print Name

Date

SECTION 3: Payroll & Timekeeping Use Only:

Civil Service Status:
(check one)

Permanent Provisional Labor Class Non Competitive Probationary Seasonal

Is employee on Leave from a Permanent Title?:

Yes No

Is employee on Leave of Absence Without Pay?:

Yes No

Payroll Dist. Code:

Date Sent to Personnel:

Last Date on Payroll:

Ceased Date in PMS:

Leave Hours	Pre 6/30	Post 7/1	Total
Annual Leave			
Sick Leave			
Comp. Time			

TK Supervisor Signature

Date



EMPLOYEE RESIGNATION FORM

ATTACHMENT D

EMPLOYEE: Complete Section 1 and submit to your Borough/Bureau Chief two weeks prior to your resignation date.
BOROUGH/BUREAU CHIEF: Complete Section 2 and submit original signed form to Payroll & Timekeeping Division.

SECTION 1: To be Completed by Employee:

Please Check a box: Full-Time Employee Seasonal or JTP Employee

Last Name: MI: First Name:

ERN: Civil Service Title: Borough/Bureau:

District/Division: Supervisor's Name: Supv. Title:

Reason for Resignation: Last Date of Work:

Are you transferring to another City Agency: Yes No
If Yes, Specify Agency: Start Date:

THE FOLLOWING REGULATIONS GOVERN INTER-AGENCY TRANSFERS:

1. Pursuant to Section 6.2B of the Career & Salary Plan, it is your responsibility to liquidate any earned Compensatory Time prior to effective date of resignation unless your new agency has agreed in writing to accept this time.
2. Earned Annual Leave and Sick Leave will not be transferred until Parks receives the Personnel Transfer of Employee Data Form (DP-2001) from your new agency.
3. If you have a Permanent Line, it must be transferred to your new agency in accordance with Personnel Rules & Regulations Section 6.1.3 pending approval of the Request for Transfer or Change or Title Form (DP-72).
4. If you are on leave from a Permanent Title, this form will terminate that line. To keep your permanent line on leave status you must file a Leave of Absence Form two weeks prior to resignation date.

Employee Signature

Date

SECTION 2: Borough/Bureau Approval:

Borough/Bureau Chief Signature

Print Name

Date

SECTION 3: Payroll & Timekeeping Use Only:

Civil Service Status: (check one) Permanent Provisional Labor Class Non Competitive Probationary Seasonal

Is employee on Leave from a Permanent Title?: Yes No

Is employee on Leave of Absence Without Pay?: Yes No

Payroll Dist. Code:

Date Sent to Personnel:

Last Date on Payroll:

Ceased Date in PMS:

TK Supervisor Signature

Date

Leave Hours	Pre 6/30	Post 7/1	Total
Annual Leave			
Sick Leave			
Comp. Time			



City of New York
Parks & Recreation
www.nyc.gov/parks

NYC Parks

ATTACHMENT E

Name
Address
City State Zip

Dear _____:

Thank you for your dedicated service to the New York City Department of Parks and Recreation. We hope that you have found your seasonal employment both educational and rewarding. As you are already aware, your temporary position with our agency will end on _____. This information has already been given to the Human Resources Administration (HRA) for the purpose of rebudgeting or restoring your public assistance case. You do not need to give this information to HRA at this time.

If you have not yet secured permanent employment you must apply for Unemployment Insurance Benefits by calling (888) 209-8124 after your last day of work. Failure to apply for unemployment insurance if you are eligible may jeopardize your eligibility for public assistance. HRA will call you into a Job Center to receive an employment assessment and appropriate work activities that will be determined upon discussion with you and the Worker at your Job Center appointment. HRA will require you to bring proof of your application for UIB to your call-in appointment. You will receive a separate notification from HRA for this interview. If you have obtained unsubsidized employment, please bring documentation regarding your new job, such as a letter of employment and/or paystub, to this interview. Should you have any questions concerning your public assistance case, please contact your designated job center.

Again, many thanks for your service and best of luck in your future efforts.

Sincerely,

David Terhune
Director of Personnel

PUBLIC ASSISTANCE, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS, MEDICAL ASSISTANCE COVERAGE AND SERVICES (TIMELY & ADEQUATE) (NYC)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____		
		Fair Hearing information and assistance _____		
		Record Access _____		
		Legal Assistance information _____		
OFFICE NO.	UNIT NO.	WORKER NUMBER	UNIT OR WORKER NAME	TELEPHONE NUMBER

We are CHANGING your benefits as explained below and on PART B, next to the checked box(es) :
SEE PART B FOR SNAP AND FAIR HEARING INFORMATION.

PUBLIC ASSISTANCE

- REDUCE** your Public Assistance Benefit effective _____ from \$ _____ to \$ _____ because:
 - _____ failed without good cause to cooperate with the Office of Child Support Enforcement (OCSE) on _____ by _____ [18NYCRR 352.3(d)]:
To lift this sanction, call (_____) _____ . Read the detailed instructions on the back of this notice.
 - Other: _____ .

- INCREASE** your monthly Public Assistance benefit for that period effective _____ from \$ _____ to \$ _____ .
 - [name(s)] _____ has been added to your case.
 - We cannot add the following individuals to your case:
Name: _____ Reason(s) _____
Name: _____ Reason(s) _____

- CONTINUE** your Public Assistance Benefit unchanged at \$ _____ .
 - A RECOUPMENT at the rate of _____ percent (%) is being taken against your Public Assistance. If you believe the recoupment at this rate will cause your family an undue hardship, you should contact your worker to explain your reason. An undue hardship means that a person does not have enough income to eat, to pay for shelter or utilities, to get necessary clothing, to buy general items of need, or to pay for medical needs not covered by Medical Assistance. Your worker will let you know what kind of proof you will need to show that the recoupment at this rate will cause an undue hardship. If we decide that the recoupment will cause an undue hardship, the recoupment rate will be changed to a rate between 5 and 10%. The recoupment rate must be at least 5%. This decision is based on 18 NYCRR 352.31(d).

- DISCONTINUE** your Public Assistance grant effective _____
The **REASON** for this action is _____

The above decision(s) is based on 18 NYCRR _____ .

MEDICAL ASSISTANCE

- CONTINUE** the Medical Assistance coverage for [name(s)] _____ unchanged.
- CONTINUE** the Medical Assistance coverage for [name(s)] _____ pending the receipt of information necessary to decide continued eligibility. Please contact us no later than _____ at _____ so we can tell you the information we need.
- CONTINUE** the Medical Assistance coverage for [name(s)] _____ pending our review of eligibility. We will send you our decision within thirty days.
- REDUCE** the Medical Assistance coverage effective _____ for [name(s)] _____ from full coverage to coverage with a SPENDDOWN. Your total gross monthly income is \$ _____. Your total monthly deductions are \$ _____. The difference between these is your monthly net income for Medical Assistance. This is \$ _____. The allowable income standard for a family household your size is \$ _____. The difference between your net income and this standard (\$ _____) is your monthly excess income (18 NYCRR 360-4.8). The enclosed letter explains eligibility under the Excess Income Program and Optional Pay-In Program.
- DISCONTINUE** Medical Assistance for [name(s)] _____ effective _____ because _____
- Medical Assistance coverage will continue under Transitional Medical Assistance (See attached Medical Assistance Fact Sheet).
- Medical Assistance coverage will continue until _____ due to receipt of/increase in child or spousal support payments.

The above decision(s) is based on 18 NYCRR _____ .

SERVICES – If you are getting Social Services and lose your Public Assistance and Medical Assistance Benefits, we will need to see if you still can get Social Services at your next scheduled recertification. This does not necessarily mean that you will no longer be able to get Social Services. At your recertification, we will do a redetermination to see if you can continue to get Social Services. If you have any questions, please contact your services worker or call the general phone number at the top of this notice.

BE SURE TO READ THE BACK OF PART B FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

To Lift a Sanction for Non-cooperation with a Child Support Requirement

A sanction for non-cooperation with a child support requirement is open-ended and will continue until _____ contacts the Child Support Enforcement Unit and cooperates.

When _____ contacts the Child Support Enforcement Unit, he or she will be told what action(s) must be taken to end the sanction. The sanction will end when he or she takes the required action(s). If _____ did not cooperate but now wants to report a good reason for not cooperating with child support he or she should call (_____)_____.

Some examples of a good reason for not cooperating with child support are:

- fear of emotional or physical harm to you or the children in your family; or,
- the child was born due to rape or incest; or,
- the child is freed for adoption; or, you are now being assisted by an agency to determine whether to put the child up for adoption and discussions have not gone on for more than three months.

To find out more information about how to end the sanction, call (_____)_____.

- Social Services can give you education and counseling about birth control and can assist you in getting medical care to help you plan for your desired family or to prevent unwanted pregnancies.
Even if you are no longer eligible for Public Assistance or Medical Assistance, Social Services may provide information and education about family planning for up to 90 days from the effective date stated in this notice.
For further information, please contact your services worker or call the general phone number on the front of this notice.
- If you know of children under the age of 19 who do not have health care coverage, call 1-800-698-4543 to learn about Child Health Plus coverage.
- Regulations require that you immediately notify this department of any changes in needs, income, resources, living arrangements or address.
- Although you may no longer be able to get Public Assistance, SNAP Benefits or Medical Assistance, you still may be able to get help with your heating costs by applying for the Home Energy Assistance Program (HEAP). You can get more information on HEAP by calling the general telephone number on the front page of this notice.

SEE THE BACK OF PART B

FOR YOUR CONFERENCE AND FAIR HEARING RIGHTS.

PUBLIC ASSISTANCE, SUPPLEMENTAL NURTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS, MEDICAL ASSISTANCE COVERAGE AND SERVICES (TIMELY & ADEQUATE) (NYC)

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME (And C/O Name if Present) AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____		
		Fair Hearing information and assistance _____		
		Record Access _____		
			Legal Assistance information _____	
OFFICE NO.	UNIT NO.	WORKER NUMBER	UNIT OR WORKER NAME	TELEPHONE NUMBER

We are CHANGING your benefits, as explained below and on Part A, next to the checked box(es) :

SEE PART A FOR PUBLIC ASSISTANCE, MEDICAL ASSISTANCE AND SERVICES INFORMATION.

If you do not use your SNAP benefit account for a period of 365 consecutive days, any SNAP benefit remaining in the account that is at least 365 days old will be expunged (removed) from the account. Expunged SNAP benefits cannot be reissued.

SNAP

1. **INCREASE** your SNAP Benefits from \$ _____ to \$ _____ effective _____ .
 [name(s)] _____ has been added to your case.
 Your SNAP Benefits certification period has been extended. Your benefits will now end in _____ .
2. **CONTINUE** your SNAP Benefits at \$ _____ effective _____ for [name(s)] _____ .
 Your SNAP Benefits certification period has been extended. Your benefits will now end in _____ .
3. **REDUCE** your SNAP Benefits from \$ _____ to \$ _____ effective _____ .
 Your SNAP Benefits certification period has been extended. Your benefits will now end in _____ .
4. **DISCONTINUE** your SNAP Benefits as of _____
5. **OTHER:** _____
6. **OVERPAYMENT INFORMATION (Check All That Apply)**
 - We are establishing a SNAP Benefits overpayment because you or your household got more in SNAP Benefits than you should have. See the Demand Letter (and also, if your case is closing the Repayment Agreement) for more information on this overpayment. **This decision is based on 18 NYCRR 387.19.**
 - You currently have a SNAP Benefits overpayment. If your case is closing, see the Demand Letter and Repayment Agreement for more information on the amount you owe and how you will repay this overpayment.
 - The benefit above reflects a _____% reduction (Recoupment) of \$ _____ in your benefits in order to repay your overpayment. **This decision is based on 18 NYCRR 387.19.**
7. We cannot add the following individuals to your case:
Name: _____ Reason(s) _____
Name: _____ Reason(s) _____
8. If you are getting Public Assistance and/or Medical Assistance, this change will NOT affect those benefits.
9. **OTHER INFORMATION:**

The reason for this action is: _____

The above decision(s) is based on 18 NYCRR _____ .

Responsibility To Report Changes – See enclosed LDSS-3151: “SNAP Change Report Form” for information on when to report changes.

BE SURE TO READ THE BACK OF THIS NOTICE FOR YOUR RIGHTS ON HOW TO APPEAL THIS DECISION.

NAME:	ADDRESS:	CASE NUMBER:
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CONFERENCE AND FAIR HEARING SECTION – DO YOU THINK WE ARE WRONG?

If you think our decision is wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

1. **CONFERENCE** (Informal meeting with us) - If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the **front** of this notice or write to us at the address on the **front** of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See "Keeping Your Benefits The Same" below.)

2. **STATE FAIR HEARING** – You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
SNAP Benefits	90 days

If this notice is telling you that you owe a Public Assistance overpayment, and if you do not agree that you owe this overpayment, you must call for a fair hearing within 60 days of the date of this notice. If you do not call for a fair hearing within 60 days of the date of this notice, you cannot claim in the future that the agency's decision that you owe the debt was wrong.

KEEPING YOUR BENEFITS THE SAME: We will restore your Public Assistance, Medical Assistance and Social Services Benefits to the same level they were before this notice, if you ask for a fair hearing before the effective date stated in this notice. However, even if you ask for a fair hearing, your SNAP Benefits **cannot be continued in the same amount as** before your recertification, but will be in the new amount shown in this notice. If you lose the fair hearing, you will have to pay back any Public Assistance benefits you got but should not have gotten, while you were waiting for the decision. Also, we may recover Medical Assistance Benefits.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you call for a fair hearing or, if you send back this notice, check the box or boxes below:

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

- Public Assistance

 Medical Assistance

 Social Services

HOW TO ASK FOR A FAIR HEARING: You can ask for a fair hearing by **mail**, by **phone**, by **fax**, by **walk-in** or **online**.

Mail: Send a copy of **Part A and Part B** to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy of each notice for yourself.

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

Phone: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL.)

Fax: Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

Walk-In: Bring a copy of this entire notice to the New York State Office of Temporary and Disability Assistance at 14 Boerum Place, Brooklyn.

Online: Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>.

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, fax, by walk-in or online, please write to ask for a fair hearing before the deadline.

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. You can bring a lawyer, a relative, a friend or someone else to help you do this. 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 this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE: If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your 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 file. If you call, write or fax to us, we will send you free copies of the documents from your file that we will provide the Hearing Officer at the Fair Hearing. Also, if you call, write or fax to us, we will send you free copies of other specific documents from your file that you think you may need to prepare for your Fair Hearing. To ask for documents or to find out how to look at your file, call (718) 722-5012, fax (718) 722-5018 or write to **HRA Division of Fair Hearing, 14 Boerum Place, Brooklyn, New York 11201**.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the **front** of this notice or write to us at the address on the **front** of this notice.

Date: _____
Center: _____
Case Number: _____
Case Type: _____
Caseload: _____

Grant Diversion Program Letter

You have been selected to participate in the _____ . You will be placed in a wage-subsidized, temporary job. Enclosed is a Notice of Job Interview, which will offer you a new opportunity to become employed.

Please note that this is a **temporary and transitional job**. As a condition of your acceptance, you are required to participate in mandatory, _____ job search activities which will be provided by the employer to enable you to make the transition into permanent employment.

Please report for orientation and processing on the date, time, and at the location indicated on the enclosed notice. Travel directions are also included in the notice. If you have a resume, high school diploma or GED, and/or any professional certificates, bring those with you. You **must** bring with you:

- a Government-issued valid photo identification which may include: a state-issued identification card or license, naturalization papers with photo, certificate of U.S. citizenship, U.S. passport, or an HRA EBT card.
- an Alien Registration Card, if you are a legal permanent resident.
- a Social Security card **or** letter for Social Security Administration indicating that you have applied for a replacement card and a copy of your birth certificate.
- a letter of disposition for each crime that you were convicted of, including both open and closed cases and any out-of state convictions.
- valid and current documentation from your doctor if you are unable to work due to medical reasons.

If you are currently in a B2W or WEP activity, give a copy of this letter and the enclosed notice to your Supervisor.

This is a mandatory engagement appointment. Failure to report to orientation on the appointment date may result in a reduction of your Cash Assistance and Supplemental Nutrition Assistance Program (SNAP) benefits. If you have any questions, or are unable to keep this appointment, please call the telephone number indicated on the enclosed notice.

Fecha: _____
Centro: _____
Número del Caso: _____
Tipo del Caso: _____
Unidad de Casos: _____

Carta del Programa de Reasignación

Usted ha sido seleccionado(a) para participar en el _____.
Usted será colocado(a) en un trabajo temporario con salario subsidiado. Hemos incluido un Aviso para Entrevista de Empleo, el cual le ofrecerá una nueva oportunidad de conseguir empleo.

Por favor note que este es **un empleo temporario y de transición**. De haber sido seleccionado(a), usted debe participar en actividades obligatorias, _____ de búsqueda de empleo las cuales serán proveídas por el empleador para facilitar su traslado a un empleo permanente.

Favor de presentarse para orientación y procesamiento en la fecha, hora y local indicados en el aviso adjunto. Las instrucciones de viaje también están incluidas en el aviso. Si usted tiene un currículum, diploma de bachiller o GED y/o cualquier certificado profesional disponibles, traigalos consigo. Usted **tiene que** traer consigo:

- identificación fotográfica válida expedida por el gobierno que puede incluir: Identificación del estado de no conductor o una licencia de conducir del estado, documentos de naturalización con foto, certificado de ciudadanía de EE.UU, pasaporte de EE.UU, tarjeta de EBT de la HRA, o tarjeta de residencia permanente.
- tarjeta de Registro de Extranjeros si usted es residente legal permanente.
- tarjeta de Seguro Social o carta de la Administración de Seguro Social que indique que usted ha solicitado un reemplazo y una copia de su acta de nacimiento.
- carta de disposición para cada delito por el cual se le ha condenado. Esto incluye ambos casos abiertos y cerrados y cualquier delito por el cual se le ha condenado fuera del estado. Usted tiene que revelar las circunstancias de cualquier arresto, acusación o condena por un delito.
- documentación válida y actual de su doctor si no puede trabajar debido a razones médicas.

Si usted está actualmente participando en una actividad de B2W o WEP, entregue una copia de esta carta y el aviso adjunto a su Supervisor.

Esta es una cita de participación obligatoria. El no presentarse a orientación en la fecha programada puede resultar en una reducción de sus beneficios de Asistencia en Efectivo y del Programa de Asistencia de Nutrición Suplementaria (SNAP). Si usted tiene preguntas, o si no puede cumplir esta cita, favor de llamar al número de teléfono indicado en el del aviso adjunto.

Date: _____
Case Number: _____
Case Name: _____
Parks Unit Center: _____

Grant Diversion Program Statement of Understanding

Participant's Information

Print Name: _____
Name M.I. Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

I understand that I am being enrolled in the Grant Diversion Program (GDP) / _____ for _____ months. The GDP provides subsidized earned income and on-the-job training. My participation in the GDP means that my Cash Assistance (CA) grant will be diverted to the employer in exchange for on-the-job training and a semimonthly salary.

I will be employed with the _____.

In connection with my participation in the GDP, I have been advised and agree that:

1. I am being referred for a job that will/will not require some physical activity and I believe that I will be able to successfully complete my assigned tasks.
2. For purposes relating to work requirements, I shall be considered **employed full time**.
3. I am required to work a total of **40 hours** per week and I will be paid \$ _____ per hour. If I am unable to work the full 40 hours per week, my salary will be reduced to reflect only the hours I have worked.
4. Any income that is earned will be budgeted toward both my CA and Supplemental Nutrition Assistance Program (SNAP) benefits. I am responsible for paying my own rent, utilities, and transportation expenses. Any permanent changes in my earned income must be reported to my Job Center within ten (10) business days from the end of the month to request a supplement.
 - If I miss work because of a documented illness or other emergency beyond my control and my pay is reduced below the amount of my household needs, I may be eligible to receive a supplemental grant from the Family Independence Administration (FIA). I must request a supplement at my assigned Job Training Program (JTP) Job Center Unit within ten (10) business days after the month of receipt of the reduced paycheck. I understand that in most cases, my earned semimonthly wages will exceed my CA grant. I also understand the SNAP program does not recognize temporary changes in income and, therefore, no supplemental SNAP will be issued for my absences.
 - I understand that if I am eligible, the amount of the supplemental grant will only be in the amount necessary to meet my household's needs and not the amount of the reduction of my paycheck.

5. I am required to attend _____ full day(s) or _____ hours of paid job search per week.
6. I am still required to keep all mandatory CA appointments (example: Face-to-Face appointments). If I do not attend all mandatory appointments, my CA case may be affected. If I become ineligible for CA or my grant is reduced because I failed to keep any mandatory appointments, or for another reason, I may become ineligible to participate in the GDP.
7. If as an eligibility requirement for CA I am mandated to attend a treatment program, I understand it will be my responsibility to attend the program during hours that will not affect my participation in the GDP.
8. My eligibility for medical assistance will not be affected during the period in which I am participating in the GDP.
9. In the event that I request a Fair Hearing and continuing aid because I disagree with the budgeting of my CA grant, my participation in the GDP will be terminated and, along with it, my salary, unless I withdraw my request for continuing aid.
10. Participation in a housing subsidy program, other than Section 8 or New York City Housing Authority (NYCHA), will disqualify me from participation in the GDP.
11. If for any reason my subsidized employment with the GDP ends, I must notify my assigned GDP _____ Job Center Unit within ten (10) business days of the termination.
12. I may be subject to reduction or termination of my CA and SNAP if without good cause, I:
 - Refuse an offer of permanent employment;
 - Voluntarily terminate employment; or
 - Bring about my own termination from employment.

If I willfully and without good cause refuse or fail to comply with a CA work activity, I will be subject to a reduction or termination of my CA in accordance with 18 NYCRR § 385.12.

I have read the Statement of Understanding for Job Training Program Participants. I understand and agree to comply with all of the requirements. I further understand that if I provide any false information or documentation related to my participation in the Job Training Program, I will be subject to penalties.

Participant's Signature

Date

If there are any problems with your case, such as a child care emergency or other emergency, or if you have any question regarding your CA budget, please call the GDP _____ Job Center Unit at _____.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Centro de la Unidad de Parques: _____

Declaración de Acuerdo del Programa de Reasignación de Concesión

Información del Participante

Letra de molde: _____
Nombre I. Apellido

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____
Número de Teléfono: _____

Entiendo que se me está inscribiendo en el Programa de Reasignación de Concesión (Grant Diversion Program – GDP)/ _____ por _____ meses. El GDP provee empleo subsidiado y capacitación en el local de trabajo. Mi participación en el GDP significa que se le reasignará al empleador mi concesión de Asistencia en Efectivo a cambio de capacitación en el local de trabajo y un salario quincenal.

Seré empleado(a) por el _____.
Con respecto a mi participación en el GDP. Se me ha informado de y estoy de acuerdo con lo siguiente:

1. Se me está enviando a un trabajo que requerirá/no requerirá cierto grado de actividad física y estimo que lograré realizar satisfactoriamente las tareas que se me asignen.
2. En cuanto a los requisitos de trabajo, se me clasificará **empleado(a) a tiempo completo**.
3. Se requiere que yo trabaje un total de **40 horas** a la semana y se me pagará \$ _____ la hora. Si no puedo trabajar las 40 horas completas a la semana, se reducirá mi salario de acuerdo con las horas que haya trabajado.
4. Todo ingreso de trabajo se destinará al presupuesto de ambos mi concesión de Asistencia en Efectivo (CA) y mis Beneficios del Programa de Asistencia de Nutrición Suplementaria (SNAP). Tendré la responsabilidad de pagar mi propio alquiler, servicios públicos y transporte. Se tiene que reportar cualquier cambio permanente en mi ingreso salarial a mi Centro de Trabajo (Job Center) dentro de diez (10) días laborables a partir del fin del mes para poder solicitar un suplemento.
 - Si no asisto al trabajo debido a una enfermedad documentada u otra emergencia fuera de mi control, y mi sueldo se reduce a menos de la cantidad necesaria para cubrir mis gastos domésticos, puede ser que tenga derecho a recibir una concesión suplementaria de parte de la Administración de Independencia Familiar (Family Independence Administration – FIA). Debo solicitar un suplemento en la Unidad del Centro de Trabajo del Programa de Capacitación Laboral (JTP) que se me ha asignado dentro de diez (10) días laborables después del mes en que reciba mi cheque de paga reducido. Entiendo que en la mayoría de los casos, mi sueldo quincenal de trabajo excederá mi concesión de Asistencia en Efectivo. También tengo entendido que el programa de SNAP no reconoce los cambios temporarios de ingreso, y por lo tanto, no se otorgarán concesiones suplementarias de SNAP de mis ausencias.
 - Entiendo que si soy elegible, la cantidad de la concesión suplementaria sólo será la necesaria para satisfacer los gastos domésticos y no la cantidad reducida de mi cheque de paga.

5. Se requiere que yo participe por _____ día(s) completos o _____ horas a la semana en búsqueda de trabajo pagada.
6. Aún tengo la obligación de cumplir todas las citas obligatorias de Asistencia en Efectivo (por ejemplo: las citas en persona). Si no asisto a todas las citas obligatorias, mi caso de Asistencia en Efectivo se puede ver afectado. Si pierdo mi elegibilidad para Asistencia en Efectivo o si se reduce mi concesión a raíz de mi incumplimiento de las citas obligatorias, o por otra razón, puedo perder mi elegibilidad para participar en el GDP.
7. Si como condición de elegibilidad para Asistencia en Efectivo se me requiere que asista a un programa de tratamiento, entiendo que seré responsable de asistir al programa durante las horas que no afecten mi participación en el GDP.
8. Mi elegibilidad respecto a asistencia médica no se verá afectada durante el período en el cual yo participe en el GDP.
9. En caso de que yo solicite una Audiencia Imparcial y asistencia continua por estar en desacuerdo con el presupuesto de mi concesión de Asistencia en Efectivo, mi participación en el GDP se terminará a la misma vez que mi salario, a menos que yo retire mi petición de asistencia continua.
10. La participación en un programa de vivienda subsidiada aparte de la de Sección 8 o la de la Autoridad de Vivienda de la Ciudad de Nueva York (New York City Housing Authority – NYCHA), me descalificará de participar en el GDP.
11. Si por alguna razón mi empleo subsidiado con el GDP se termina, debo notificar a mi GDP asignado _____ Unidad del Centro de Trabajo asignada dentro de los diez (10) días laborables de haberse terminado el empleo.
12. Mi Asistencia en Efectivo y beneficios de SNAP pueden ser reducidos o terminados si, sin motivo justificado yo:
 - Rechazo una oferta de empleo permanente;
 - Dejo el empleo voluntariamente; o
 - Causo la terminación de mi empleo.

Si rehúso cumplir o falto sin motivo justificado o intencionadamente a una actividad de trabajo de Asistencia en Efectivo, estaré sujeto(a) a la reducción o terminación de mi Asistencia en Efectivo conforme a 18 NYCRR § 385.12.

He leído la Declaración de Acuerdo para los Participantes del Programa de Capacitación Laboral. Entiendo y convengo cumplir todos los requisitos. Entiendo además que si proporciono información o documentación falsa respecto a mi participación el Programa de Capacitación Laboral, estaré sujeto(a) a sanciones.

Firma del Participante

Fecha

Si surge alguna dificultad con su caso, tal como una emergencia de cuidado infantil o de otra índole, o si usted tiene preguntas respecto al presupuesto de su Asistencia en Efectivo, por favor llame a la Unidad del Centro de Trabajo

_____ del GDP al _____.

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

Notice to Report to Center

Please report to:

Location Name: _____

Address: _____

City: _____ State: _____ Zip: _____

On: Appointment Date: _____ Time: _____ Telephone: _____

To discuss:

SAMPLE

Other:

If any required documentation is listed below, it must be brought into the center **with this letter**.

Required documentation:

If you have any questions or are unable to keep this appointment, please call the telephone number above.
You must contact us prior to your reporting time to arrange a new appointment.

This is a mandatory eligibility appointment. Failure to keep this appointment or contact us may make you ineligible for public assistance or may reduce your benefits for a specific period of time.

This is a nonmandatory eligibility appointment.

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

Aviso de Presentarse al Centro

Favor de presentarse a:

Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

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

Para tratar:

Otro:

Si se indica alguna documentación necesaria más abajo, usted tiene que traerla al centro **con esta carta**.

Documentación necesaria:

Si tiene alguna pregunta o si no puede cumplir esta cita, favor de llamar al número de teléfono más arriba. **Usted tiene que comunicarse con nosotros antes de la hora programada para fijar una nueva cita.**

Ésta es una cita obligatoria de elegibilidad. El incumplimiento de esta cita o el no comunicarse con nosotros puede hacerle inelegible para asistencia pública o puede que se le reduzcan sus beneficios por un período de tiempo específico.

Ésta es una cita de elegibilidad no obligatoria.

History Sheet

Case Name	Address	Case Type/Case No./Suf.
		Page No.
Date		

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Caseload: _____

Notice of Job Interview

As part of the Grant Diversion Program, _____ would like to interview you for a temporary position in a government and/or not-for-profit job. You have been determined nonexempt from employment requirements and are being offered an opportunity to gain work experience through a paid, temporary position.

Your interview is for a job with: _____

Appointment Date: _____

Time: _____

Telephone: _____

Location Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Travel Directions: _____

This is a mandatory engagement appointment. Failure to report to a job interview without good cause may result in your being sanctioned from the cash assistance and/or Supplemental Nutrition Assistance Program (SNAP) case.

If you are unable to keep this appointment, please call the number above on or before the appointment date.

(continued on next page)

If a job offer is made following your interview, only the following reasons are acceptable (good cause) for refusing a job offer:

- The job offer is not bona fide, i.e., is not made in good faith (the job did not exist or is already taken or promised to someone else).
- You do not have appropriate, accessible, affordable, and suitable child care.
- The salary or wage offered by the employer is less than the minimum wage. Minimum wage in New York State is \$8.75 per hour.
- A strike, lockout or other public or private industrial controversy is in progress at the place in which employment is offered.
- Necessary supportive services are unavailable.
- The job is hazardous to your life or health, or there is an absence, if appropriate, of workers' compensation. (Must be supported by a medical evaluation and documentation stating that you are unable to work on a certain task or under certain environmental conditions.)
- The job involves illegal activity.
- The refusal is caused by circumstances beyond your control.
- Accepting a job would result in a net loss of cash income for the household and a supplemental grant will not be issued to prevent a net loss of cash income.
- A personal or family emergency, such as an accident or illness, prevents you from being available to work and you have promptly notified your JOS/Worker.

If you believe that you have good cause for not attending this job interview, you are responsible for notifying your JOS/Worker of the reasons for failing to comply and for providing evidence to support your claim of good cause.

If you have any questions, please call your JOS/Worker.

SAMPLE

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Tipo de Caso: _____
Unidad de Casos: _____

Aviso de Entrevista de Empleo

Como parte del Programa de Reasignación de Concesiones (Grant Diversion Program),

a _____ le gustaría entrevistarle a usted para un empleo temporario en el gobierno y/o una agencia sin fines de lucro. A usted se le ha determinado no exento de los requisitos de trabajo y se le está ofreciendo una oportunidad para adquirir experiencia laboral mediante un empleo temporario con paga.

Su entrevista es para un trabajo con: _____

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

Nombre del Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Indicaciones de Viaje:

Esta cita es de participación obligatoria. El no presentarse como debido a una entrevista de trabajo sin motivo justificado puede resultar en una sanción que le excluya a usted del caso de Asistencia en Efectivo y/o del Programa de Asistencia de Nutrición Suplementaria (SNAP).

Si no puede asistir a esta cita, favor de llamar al número indicado arriba el día de la cita o antes de la misma.

(continúa en la próxima página)

Si se le ofrece un trabajo tras su entrevista, sólo se considerarán aceptables las razones indicadas a continuación (motivo justificado) de rechazar la oferta de empleo:

- La oferta de trabajo no es genuina, por ejemplo, no se hace de buena fe (el trabajo no existía, o ya está tomado o ha sido prometido a otra persona).
- Usted no tiene cuidado infantil apropiado, accesible, asequible y adecuado.
- El salario o pago ofrecido por el empleador es menos del salario mínimo. El salario mínimo en el Estado de Nueva York es \$8.75 la hora.
- Una huelga, cierre u otra controversia industrial pública o privada está en curso en el lugar donde se ofrece empleo.
- Los servicios de apoyo necesarios no están disponibles.
- El trabajo es peligroso para su vida o salud o no existe la compensación para trabajadores, si corresponde. (A documentarse por una evaluación y comprobantes médicos que declaren que usted no puede trabajar en ciertos deberes, o bajo ciertas condiciones ambientales).
- El trabajo implica actividad ilegal.
- El rechazo se debe a circunstancias ajenas a su voluntad.
- Aceptar el trabajo resultará en una pérdida neta de ingresos de dinero en efectivo para el hogar y no se emitirá una concesión suplemental para prevenir una pérdida neta de ingresos de dinero en efectivo.
- Una emergencia personal o familiar, tal como un accidente o enfermedad, le impide estar disponible para trabajar, y usted le ha notificado inmediatamente a su JOS/Trabajador.

Si usted cree que tiene motivo justificado de no asistir a esta entrevista de empleo, es su responsabilidad de notificarle a su JOS/Trabajador de las razones por su incumplimiento y proporcionar pruebas que respalden su reclamación de motivo justificado.

Si usted tiene alguna pregunta, favor de llamar a su JOS/Trabajador.

SAMPLE

Date: _____
Case Number: _____
Case Name: _____
Job Type: _____
Worker Name: _____
Worker Telephone Number: _____

Employment Appointment Notice

The Job Center indicated above has a temporary job opportunity for you. The job will be paid employment with a New York City public or private agency. When you report to the appointment below, the responsibilities and terms of employment will be discussed at that time.

Please report to your appointment as follows:

Appointment Date: _____ Time: _____ Telephone: _____
Location Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Travel Directions: _____

SAMPLE

This is a mandatory engagement appointment. Failure to keep this appointment may result in a reduction in your Cash Assistance and/or Supplemental Nutrition Assistance Program (SNAP) benefits. If you have any questions or are unable to keep this appointment, please contact us at the above number prior to your appointment date. You can also call this number if you have a physical, mental health, or learning problem that makes it difficult for you to keep this appointment.

You must report to the Job Center with this form.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Tipo de Empleo: _____
Nombre del Trabajador: _____
Número de Teléfono del Trabajador: _____

Aviso de Cita de Empleo

El Centro de Trabajo mencionado más arriba tiene para usted una oportunidad para empleo temporario. El trabajo será empleo pagado con una agencia de empleo privada o pública de la Ciudad de Nueva York. Al presentarse a la cita a continuación, se tratará de las responsabilidades y condiciones de este empleo.

Favor de presentarse a la siguiente cita:

Fecha de la Cita: _____ Hora: _____ Teléfono: _____
Nombre del Local: _____
Dirección: _____
Ciudad: _____ Estado: _____ Código Postal: _____
Indicaciones de Viaje: _____

SAMPLE

Ésta es una cita de participación obligatoria. El no presentarse a esta cita como debido puede resultar en una reducción de sus beneficios de Asistencia en Efectivo y/o del Programa de Asistencia de Nutrición Suplementaria (SNAP). Si usted tiene cualquier pregunta, o si no puede asistir a la cita, favor de comunicarse con nosotros al número más arriba antes de la fecha de su cita. Además, puede llamar a este número si tiene un problema físico, psicológico, o de aprendizaje que le dificulte asistir a la cita.

Usted debe presentarse al Centro de Trabajo con este formulario.

Routing Control Sheet

Photo ID card Medicaid card

Receptionist/CSIC: _____ Case Number: _____

Name: _____

Assigned to: _____ Time: _____ Date: _____

Address: _____

Forward to: A. _____ B. _____

Purpose of Visit: _____

Required Action(s)

- | | | |
|--|--|---|
| <input type="checkbox"/> A Address change/no special allowance needed | <input type="checkbox"/> D Acceptance | <input type="checkbox"/> G Check lost |
| <input type="checkbox"/> B Reclassification | <input type="checkbox"/> E Check pickup | <input type="checkbox"/> H Photo ID card |
| <input type="checkbox"/> C Closing | <input type="checkbox"/> F Check stolen | <input type="checkbox"/> I Medicaid card |
| <input type="checkbox"/> J Other _____ | | |

To Be Completed by Worker Completing the Required Action(s)

Narrative of service given and case status (history): _____

Worker's Signature

Date

Supervisor's Signature

Date

Date: _____
Case Number: _____
Case Name: _____
Case Type: _____
Center: _____
Caseload: _____
Action Code: _____

Mandatory Appointment for Evaluation of Work Activity

As a person required to participate in work activities, you must participate in HRA-approved work activities for up to 35 hours per week. A mandatory appointment to review your work activity has been scheduled as indicated below.

Please bring any documentation you feel would help us review your current work activities. If you are now working, you must bring proof of your earnings and work hours (such as pay stubs or a letter from an employer) to this appointment. If you are enrolled in a school or training program, you must bring proof of enrollment signed by the school registrar with the school's official seal.

If you have a child under the age of 13, or have a child under the age of 19 with a special need, the City of New York will pay for your child care and, if needed, will help you find a child care provider for the time you are required to be engaged in a work-related activity.

If you have any barriers to employment that would prevent you from complying with work activities, please bring supporting documentation to the appointment.

Your appointment is scheduled for:

Appointment Date: _____ Time: _____ Telephone: _____
Location Name: _____
Address: _____
City: _____ State: _____ Zip: _____

If you have any questions or are unable to keep this appointment, please call the telephone number above. You must contact us prior to your reporting time to arrange a new appointment. You can also call this number if you have a physical, mental health, or learning problem that makes it difficult for you to keep this appointment.

This is a mandatory engagement appointment. Failure to keep this appointment or cooperate may result in the reduction or loss of your cash assistance.

If you are a single parent or caretaker relative, you may have the opportunity to participate in a range of work activities, including work experience, job search, and education or training programs. This assessment will help us assign you to a work activity or program that would best assist you in moving from welfare to work.

Fecha: _____
Número del Caso: _____
Nombre del Caso: _____
Tipo de Caso: _____
Centro: _____
Unidad de Casos: _____
Código de Acción: _____

Cita Obligatoria para Evaluación de Actividad de Trabajo

Como es usted una persona a quien se le requiere participar en actividades de trabajo, tiene que participar en actividades de trabajo aprobadas por HRA hasta un máximo de 35 horas a la semana. Se le ha programado una cita obligatoria para revisar su actividad de trabajo como se indica abajo.

Favor de traer cualquier documentación que usted considere útil para que nosotros podamos evaluar sus actividades de trabajo actuales. Si usted trabaja actualmente, tiene que traer a esta cita comprobantes de su ingreso y horas de trabajo (como talones de paga o una carta de su empleador). Si usted está matriculado en una escuela o programa de capacitación, tiene que traer comprobante de matriculación con el sello de la escuela y firmado por la oficina de matriculación de la escuela.

Si usted tiene un niño menor de 13 años de edad, o un niño menor de 19 años de edad con necesidades especiales, la Ciudad de Nueva York le pagará el cuidado infantil y, si necesario, le ayudará a encontrar un proveedor de cuidado infantil para las horas durante las cuales se le requiere participar en actividades de trabajo. Si usted tiene algún obstáculo respecto al empleo que le impediría cumplir las actividades de trabajo, favor de traer documentación justificativa a la cita.

Su cita está programada para:

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

Nombre del Local: _____

Dirección: _____

Ciudad: _____ Estado: _____ Código Postal: _____

Si tiene alguna pregunta o si no puede cumplir esta cita, favor de llamar al número de teléfono más arriba. Usted tiene que comunicarse con nosotros antes de la hora de su cita. Usted también puede llamar a este número si tiene un problema físico, mental, o de aprendizaje que le dificulta cumplir esta cita.

Esta es una cita de participación obligatoria. El no acudir a esta cita o no cooperar puede resultar en la reducción o pérdida de su caso de asistencia en efectivo.

Si usted es madre o padre soltero(a) o pariente proveedor de cuidado, puede que tenga la oportunidad de participar en toda una serie de actividades de trabajo, incluidas experiencia de trabajo, búsqueda de trabajo, y programas educacionales o de capacitación. Esta evaluación nos ayudará a asignarle una actividad de trabajo o un programa que mejor le ayude en su transición del bienestar público al trabajo.