



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #13-80-OPE

*(This Policy Bulletin Replaces PB # 13-77-OPE)*

### WORK SCHEDULES FOR CHILD CARE AUTHORIZATION

Date:	Subtopic(s):
September 13, 2013	Child Care
<p> This procedure can now be accessed on the FIAweb.</p> <p>The <b>FIA-1100</b> and the <b>FIA-1100a</b> does not apply to individuals assigned to full-time WEP and B2W.</p>	<p><b>Revision to the Original Policy Bulletin:</b></p> <p>This policy bulletin is being revised to clarify the use of the Work Schedule For Child Care (<b>FIA-1100</b>) and the Employer's Verification (<b>FIA-1100a</b>) forms.</p> <p><b>Purpose:</b></p> <p>The purpose of the policy bulletin is to provide staff with information on two child care forms, the Work Schedule For Child Care (<b>FIA-1100</b>) and the Employer's Verification (<b>FIA-1100a</b>). The <b>FIA-1100</b> is an attestation of the applicant's/participant's work schedule. The <b>FIA-1100a</b> is the employer's verification of the applicant's/participant's work schedule. As required by regulations and social service law, every applicant or participant who is requesting child care assistance must provide his/her work schedule to justify the hours of child care required.</p> <p>The Child Care Return Appointment form (<b>W-273NN</b>) has been revised to include the <b>FIA-1100</b> and the <b>FIA-1100a</b> in the list of forms to be returned at the child care return appointment.</p> <p>Every applicant/participant requesting child care whose hours of employment is not controlled/monitored by the Family Independence Administration (FIA) (See list below) must complete and submit the <b>FIA-1100</b> in order to receive or continue receiving child care payments.</p>

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

The following individuals are required to complete an **FIA-1100**:

Individuals who are:

- applying for Cash Assistance (CA) who report employment income.
- receiving CA and report new employment income.
- employed and report a permanent change in:
  - work hours (increase or decrease).
  - employment status (part time to full time or vice versa).
- applying for or in receipt of Child Care in Lieu of Cash Assistance (CILOCA).
- employed as a child care provider even if they are receiving payments through the Automated Child Care Information System (ACCIS).

**Note:** Individuals who provide a letter from the employer on the employer's stationary with contact information that includes the daily work schedule (i.e., M – F 9am – 5pm) are not required to complete the **FIA-1100** or to have the employer complete the **FIA-1100a**.

The **FIA-1100** and the **FIA-1100a** must be used at application and recertification and will be incorporated into the six month eligibility mailer process at a later date.

At the interview, the JOS/Worker must print the **FIA-1100** and the **FIA-1100a**. The applicant/participant must complete the **FIA-1100** on the same day of the interview. If the applicant's/participant's work schedule varies, he/she must enter the schedule most commonly worked. If there is a second employed parent or guardian of the child, his/her work schedule must also be captured on the same form in the "Work Schedule For Other Adults in Household" section. If the second employed parent or guardian is not present at the interview, the parent or guardian that is present must enter the information for that individual in the second part of the **FIA-1100**. The applicant/participant requesting child care must attest to both work schedules.

If the applicant/participant has a second employment, the Work Schedule For Other Adults in Household section on the **FIA-1100** must be used to enter the hours for the second employment.

If the **FIA-1100** has been completed, the child care information can be entered into ACCIS if all of the appropriate provider forms are complete and approved by the enrollment agency, if required.

If for any reason the applicant/participant cannot fill out the **FIA-1100** while present at the interview (example: Applicant/participant is not sure what their permanent schedule will be because he/she just started working and is now in a training schedule.), the **FIA-1100** can be completed and submitted at the child care return appointment. The JOS/Worker must ensure that the **FIA-1100** is checked on the **W-273NN**.

Once the **FIA-1100** is completed by the applicant/participant, it must be scanned and indexed into the POS case record. Child care cannot be authorized until the **FIA-1100** is completed, signed and submitted.

The **FIA-1100a** must be given to the applicant/participant to take to the employer. One **FIA-1100a** must be given for each employer and for each parent/guardian. The JOS/Worker must make a five day child care return appointment in New York City Work Accountability and You (NYCWAY), check the **FIA-1100a** box on the **W-273NN** and give the form to the applicant/participant to return with the completed **FIA-1100a** and other child care provider forms, if required.

When the applicant/participant returns with the **FIA-1100a** completed by the employer, it must be scanned and indexed into the POS case record.

At the return appointment if the applicant/participant wishes to change the work schedule previously reported, a new **FIA-1100** must be completed.

If the applicant/participant fails to return the **FIA-1100a**, the JOS/Worker must mail an **FIA-1100a** to the employer and enclose a business reply envelope. If the **FIA-1100a** is not returned, and the completed **FIA-1100** is filed in the record, no adverse action will be taken.

*Effective Immediately*

**Related Item:**


[PD #13-18-EMP](#)

[PD #13-19-ELI](#)

**Attachments:**

<b>FIA-1100</b>	Work Schedule for Child Care
<b>FIA-1100 (S)</b>	Work Schedule for Child Care (Spanish)
<b>FIA-1100a</b>	Employer's Verification

Individuals who are self-employed are not required to complete the **FIA-1100a**.

 Please use Print on Demand to obtain copies of forms.

**W-273NN**  
**W-273NN (S)**

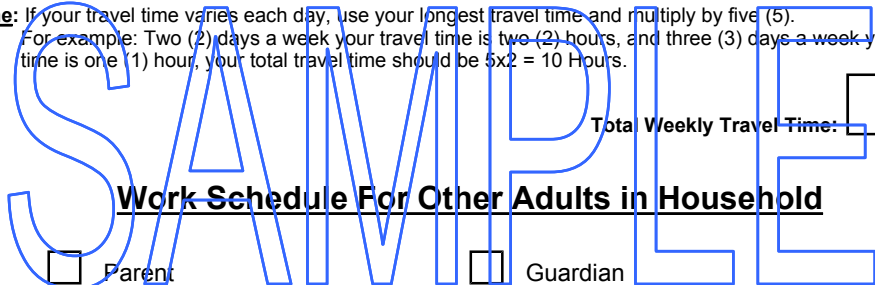
Child Care Return Appointment (Rev. 8/20/13)  
Child Care Return Appointment (Spanish)(Rev. 8/20/13)

### Work Schedule For Child Care

If you wish to receive or already receive subsidized child care, in order to properly account for your child care needs, please complete this form with information about your employer and your work schedule. If your work schedule changes often, please provide your most commonly worked schedule. You must complete this form to receive child care.

<b>Applicant/Participant's Name:</b>							<b>Cash Assistance Case Number:</b>	
<b>Employer's Name:</b>								
<b>Employer's Address:</b>								
Weekly Schedule								
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
<b>Start Time:</b>								
<b>End Time:</b>								<b>Total Weekly hours worked:</b>
<b>Number of hours worked:</b>								

**Total Weekly Travel Time:** If your travel time varies each day, use your longest travel time and multiply by five (5).  
For example: Two (2) days a week your travel time is two (2) hours, and three (3) days a week your travel time is one (1) hour, your total travel time should be  $5 \times 2 = 10$  Hours.



Total Weekly Travel Time:

### Work Schedule For Other Adults in Household

Relationship to Child:  Parent  Guardian

<b>Applicant/Participant's Name:</b>							<b>Cash Assistance Case Number:</b>	
<b>Employer's Name:</b>								
<b>Employer's Address:</b>								
Weekly Schedule								
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
<b>Start Time:</b>								
<b>End Time:</b>								<b>Total Weekly hours worked:</b>
<b>Number of hours worked:</b>								

**Total Weekly Travel Time:** If your travel time varies each day, use your longest travel time and multiply by five (5).  
For example: Two (2) days a week your travel time is two (2) hours, and three (3) days a week your travel time is one (1) hour, your total travel time should be  $5 \times 2 = 10$  Hours.

Total Weekly Travel Time:

I swear or affirm that the information on this form is true and correct.

**Applicant/Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Horario de Trabajo para Cuidado Infantil

Si usted desea recibir o ya está recibiendo cuidado infantil subvencionado, a fin de rendir cuenta de sus necesidades de cuidado infantil, favor de llenar este formulario con información sobre su empleador y su horario de trabajo. Si su horario de trabajo cambia a menudo, favor de proporcionar su horario más comúnmente trabajado. Usted debe llenar este formulario para recibir cuidado infantil.

<b>Nombre del Solicitante/Participante:</b>				<b>Núm. del Caso de Asistencia en Efectivo:</b>			
<b>Nombre del Empleador:</b>							
<b>Dirección del Empleador:</b>							
Horario Semanal							
Días	lunes	martes	miércoles	jueves	viernes	sábado	domingo
<b>Hora de comienzo:</b>							
<b>Hora final:</b>							
<b>Número de horas trabajadas:</b>							<b>Total de Horas Trabajadas Semanales:</b>

**Total del tiempo de viaje semanal:** Si su tiempo de viaje varía cada día, use su tiempo de viaje más largo y multiplique por cinco (5). Por ejemplo: Dos (2) días a la semana usted viaja dos (2) horas, y tres (3) días a la semana, viaja una (1) hora, el total de su tiempo de viaje debe ser  $5 \times 2 = 10$  Horas.

Total del Tiempo de Viaje:

### Horario de Trabajo de Otros Adultos en el Hogar

Relación con el Niño:  Padre/madre  Tutor

<b>Nombre del Solicitante/Participante:</b>				<b>Núm. del Caso de Asistencia en Efectivo:</b>			
<b>Nombre del Empleador:</b>							
<b>Dirección del Empleador:</b>							
Horario Semanal							
Días	lunes	martes	miércoles	jueves	viernes	sábado	domingo
<b>Hora de comienzo:</b>							
<b>Hora final:</b>							
<b>Número de horas trabajadas:</b>							<b>Total de Horas Trabajadas Semanales:</b>

**Total del tiempo de viaje semanal:** Si su tiempo de viaje varía cada día, use su tiempo de viaje más largo y multiplique por cinco (5). Por ejemplo: Dos (2) días a la semana usted viaja dos (2) horas, y tres (3) días a la semana, viaja una (1) hora, el total de su tiempo de viaje debe ser  $5 \times 2 = 10$  Horas.

Total del Tiempo de Viaje:

Juro y afirmo que la información en este formulario es verídica y correcta.

**Firma del Solicitante Participante:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

## Employer's Verification

Employee's Name: \_\_\_\_\_

In order to receive New York City Child Care, your employee listed above must provide this agency with a work schedule verified by his/her employer. Please complete your employee's work schedule in the spaces below. If your employee works a variable schedule, please fill in his/her most commonly worked schedule.

**Work Schedule For Child Care**

SAMPLE

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Weekly Schedule							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:							
End Time:							
Number of hours worked:							<b>Total Weekly Hours Worked</b>

The above schedule is (please check one):

- Standard       Variable

Employer or Employer Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Job Center: \_\_\_\_\_

### Child Care Return Appointment

Please return for the following reason(s)

#### I. CHILD CARE IS NEEDED

**133S** (Participant/Sanctioned Individual)

**933S** (Applicant)

Documents required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### II. ADDITIONAL INFORMATION IS NEEDED

**133D** (Participant/Sanctioned Individual)

**933D** (Applicant)

**Check the boxes that apply**

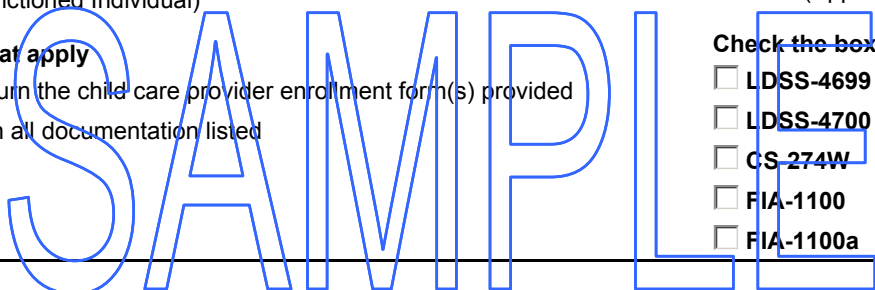
- Complete and return the child care provider enrollment form(s) provided
- Secure and return all documentation listed

**Check the boxes that apply**

- LDSS-4699**
- LDSS-4700**
- CS-274W**
- FIA-1100**
- FIA-1100a**

Documents required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I will bring the above-mentioned documentation with me to my new appointment.

\_\_\_\_\_

I will return to this **mandatory engagement appointment** on:

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**This is a mandatory engagement appointment. Failure to keep this appointment may result in a reduction in your Cash Assistance and/or SNAP benefits. Please call the telephone number above if you need to reschedule this appointment.**

**You must report to the Job Center with this form.**

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

\_\_\_\_\_  
Date



Fecha: \_\_\_\_\_

Número del Caso: \_\_\_\_\_

Nombre del Caso: \_\_\_\_\_

Centro de Trabajo: \_\_\_\_\_

**Cita de Vuelta de Cuidado Infantil**  
Favor de regresar por la(s) siguiente(s) razón(es)

**I. SE NECESITA CUIDADO INFANTIL**

**133S** (Participante/Persona Sancionado[a])

**933S** (Solicitante)

Documentos necesarios:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. SE NECESITA INFORMACIÓN ADICIONAL**

**133D** (Participante/Persona Sancionado[a])

**933D** (Solicitante)

Marque las casillas que correspondan

- Llene y devuelva el formulario(s) de inscripción del proveedor de cuidado infantil
- Consiga y devuelva toda la documentación listada

Marque las casillas que correspondan

- ~~LDSS-4699~~
- ~~LDSS-4700~~
- ~~CS-274W~~
- ~~FIA-1100~~
- ~~FIA-1100a~~

Documentos necesarios:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Traeré toda la documentación mencionada más arriba a mi nueva cita.

\_\_\_\_\_

Regresaré a esta **cita de participación obligatoria** el:

Fecha de la Cita: \_\_\_\_\_ Hora: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código Postal: \_\_\_\_\_

**Ésta es una cita de participación obligatoria. El no cumplir con esta cita puede resultar en una reducción de sus beneficios de Asistencia en Efectivo y/o SNAP. Favor de llamar al número de teléfono más arriba si necesita reprogramar esta cita.**

**Usted tiene que presentarse al Centro de Trabajo con este formulario.**

\_\_\_\_\_  
Firma del Solicitante/Participante/Persona Sancionado(a)

\_\_\_\_\_  
Fecha