

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

## HUMAN RESOURCES ADMINISTRATION SCHOOL/ TRAINING ENROLLMENT LETTER

### Important Information:

If you are not in school or are not interested in enrolling, please disregard this notice. However, if you are interested in enrolling into a training program and would like assistance with finding one, please refer to the link listed below to view HRA's List of Available Training/Educational Programs. If you have questions or require assistance you can email or call HRA TAG.

<https://a069-atp.nyc.gov/atp/TAPEnginesearch.cfm>

### I. FOR COMPLETION BY STUDENT

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

#### A. Training Expenses

The Human Resources Administration (HRA) does not pay for tuition, books and fees. However, if you take part in activities that HRA approves, you can receive money back for some expenses. These expenses are child care, carfare and other items if needed for activities. Since you applied for or receive Cash Assistance (CA), you can receive money for carfare and child care. To get this money, you must attend your program as scheduled.

**Note:** You must include a separate child care provider enrollment form to request child care money.

How much do you spend for carfare each day to go to class? \$ \_\_\_\_\_

Do you need anything special in order to take part in your program?  Yes  No

(You must attach a receipt or bill)

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

Amount of special need: \$ \_\_\_\_\_ How often paid: \_\_\_\_\_

(Turn page)

Case Number: \_\_\_\_\_

Participant Name: \_\_\_\_\_

**B. Agreement to Pay Back Overpayment of Expenses**

Choose one of the following:

- I agree that any overpayment of expenses will be taken from my CA grant.
- I agree that any overpayment of expenses will be taken from my next or future carfare and/or child care payments.

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

\_\_\_\_\_  
Date

**C. Notice to CA and Supplemental Nutrition Assistance Program (SNAP) Applicants or Participants about Educational Grants and Expenses**

According to Social Services law (18 NYCRR §352.16 and §387.11[f]), any educational grant, scholarship or loan that you receive is not counted when we decide if you can get CA. Also, these are not counted when we determine how much CA benefits you get. The Food Stamp Act of 1977 requires certain educational grants, scholarships and loans to be counted as SNAP income. However, it also excludes from this income, amounts for tuition, mandatory fees, and some other educational expenses.

We must have documents of your educational income and expenses from your school. We need these documents to calculate how much educational income to count or deduct in your SNAP budget. Please sign the release section below to give permission to the school to give us this information. Also, have your school complete Section II of this form. Please return this form to the Worker who handles your case after you finish it.

**D. Permission to Release Information**

I give permission to the school or program in Section II of this form to release information about my attendance, progress and subsequent employment to HRA. I also agree that this information may be used by HRA for CA and SNAP purposes.

**The Student must give permission to School or Training Program to complete Section II and release information to HRA.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's/Participant's Email Address

\_\_\_\_\_  
Applicant's/Participant's Contact Number

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