REVISED

REFUGEE CASH AND MEDICAL ASSISTANCE CASE NARRATIVE/DOCUMENTATION NOTES

Application Number:
Case Manager Name:

Method of receipt:
Date of Application:
What Benefits Applying for:
Date of Interview:
Preferred Language:

Name of Resettlement Agency:
Agency Representative Name:
Agency Phone Number:
Customer Name and Contact Number:

HH Comp
Full Name of household members and Relationships:
HH members Not Included in Payment & Reason:
Type of household (Single or Married):
Is the Applicant Aged, Blind, Disabled or Pregnant:

Verifications
What is the Applicant's statement of CID/Immigration Status:
What Verification(s) of CID/Immigration Status is in NC Fast:
Date of Entry:
Date of Eligibility:
Country of Origin:
Alien Number:
Single or Married Couple:
Full-Time Student Status:
Residency Verifications (applicant statement acceptable):
Illness or incapacitation verification:
Have the household members lived in another state or county within the past year:
How was the household member who lived in another state verified:
Was OVS Run:
Was SAVE Run:
Person Page Clean:

Income [complete calculations below] & Verifications
Whose income counts:
Earned:
Unearned:
If no current income, what was the last source of income:
Verifications in NCF on Application:

Count Only United States Resources above $2,800:
- **Checking Account:**
- **Savings Account:**

1. Pended
Pending for:
8146 A expires on:
5097 expires on:

2. Approval
Payment:
Certification Period:
What notices were sent & attached to IS:
Sanction:
Ongoing IS & PDC Number:
DSS-8194 sent to currently active programs:

3. Denial/Withdrawal:
Reason:
Manual 8109 sent & attached to ISA (prior to denying):
Sanction:

Additional Notes: If the parents are receiving RMA, please include the case number and the name(s) of the child(ren) receiving Medicaid.

Attachments & Completed Paperwork: **All required attachments and completed paperwork must be uploaded to the application page in NC FAST within three days of disposition.**

ePass(online) Application: (must be attached to the DSS 6241 or 6242)
DSS 6241 Refugee Cash Assistance Application:
DSS 6242 Refugee Medical Assistance Application:
IEG Integrated Evidence Gathering Signature Page:
DSS 6236 Informed Consent for Release Information:
Telephone Signature & Date Time Was Accepted:
DSS 6247 Notification of Refugee Arrival and Intent to Apply for Benefits (if applicable):
DSS 6239A Refugee Mutual Responsibility Agreement discussed and signed (RCA):
DSS 8146A Information Needed to Determine Your Eligibility for WF Cash Assistance:
DSS 8227 Important Information You Need to Know:
DSS 8194 Income Maintenance Transmittal Form:
DSS 10001 Language Services Agreement:
NC FAST 20009 NC Rights & Responsibilities for Public Assistance:
DSS 5022 Refugee Work Registration Certification (RCA):

Note: **I recommend asking the refugee client to provide all immigration documents.**

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