

County _____

Case No. _____

Date _____

Refugee Cash Assistance (RCA) Application

This application is used to collect the information needed to determine eligibility for Refugee Cash Assistance.

The term "refugee" will refer to all groups, who are Qualified Aliens, and potentially eligible for RCA (refer to Chapter I., section III. for definitions and more detailed information regarding each eligible recipient groups). The general term "refugee" for the Refugee Assistance Program (RAP) includes immigration status for the following: **Refugees**, admitted under INA § 207; **Asylees**, granted asylum under INA § 208; **Afghan Special Immigrant (SQ or SI) Parole, Afghan Special Immigrant (SI) Conditional Permanent Residence (CPR) and Afghan Humanitarian Parolees** individuals have been or will be granted humanitarian parole by the U.S. Department of Homeland Security in response to their need for rapid evacuation and relocation under Operation Allies Refuge/Operation Allies Welcome. **Cuban and Haitian Entrants**, as defined under federal regulations (45 CFR § 401.2); **Amerasians; Victims of Human Trafficking** who have been issued an ORR certification letter; and Afghan or Iraqi nationals (from Iraq and Afghanistan) granted a **Special Immigrant Visa (SIV)**, by the U.S. Department of Homeland Security for service to the U.S. government. **Ukrainian Humanitarian Parolee, and other Non-Ukrainian individual displaced from Ukraine** as of May 21, 2022, the Additional Ukraine Supplemental Appropriations Act, 2022 (AUSAA).

Does the refugee applicant(s) wish to apply for Refugee Medical Assistance? YES NO
(If yes, please complete a separate Refugee Medical Assistance application form.)

Does the refugee applicant(s) need help completing the application or help during the interview process? YES NO
(If yes, please complete form DSS-10001, Language Services Agreement.)

Does the refugee applicant receive Match Grant? **If YES, do not proceed with this application! This applicant is NOT eligible for Refugee Cash Assistance.** However, the applicant is still eligible for Refugee Medical Assistance provided the individual is still within the first twelve months from the date of arrival (entry) and/or date of eligibility (into the United States) timeframe.

PROGRAM SCREENING (ALL ANSWERS MUST BE YES TO BE POTENTIALLY ELIGIBLE.)

Yes No Does the refugee applicant's immigration status meet the definition of a status identified above?

Yes No Was the refugee applicant screened and was the refugee household determined **NOT** eligible for TANF (Work First - WF), Supplemental Security Income (SSI), Old Age Assistance (OAA), Aid to the Blind (AB), Aid to the Permanently and Totally Disabled (APTD), and Aid to the Blind and Disabled (ABD) programs?

Yes No Is the refugee applicant 64 years of age or younger? If yes continue with application.
Or Is the refugee applicant **65 years of age or older**, or aged, blind or disabled and would meet criteria for the Supplemental Security Income (SSI)? If yes, continue with this application. Since the SSI approval process is typically a lengthy one, the State authorizes receipt of RCA until the refugee applicant is approved for SSI (refer this client to apply for SSI), or until the 12-month RCA eligibility period expires--whichever comes first.
 Yes, client already applied for SSI on this date: _____
 Not yet, but will apply in the future, expected month/year: _____
 Client referred to apply for SSI on this date: _____

Primary Applicant Name: _____ Telephone Number: _____

Address: _____

Mailing Address (if different from above): _____

Local Affiliate Agency (if applicable): _____

THE FORMS BELOW MUST BE ATTACHED WITH THIS REFUGEE CASH ASSISTANCE APPLICATION, IF APPLICABLE.

- Form DSS-6247 (Notice of Intent to Apply for Benefits) given to the local DSS. Only applicable if the refugee applicant is working with a Local Affiliate Agency.
- Form DSS-10001 (Language Services Agreement) provided by the local DSS and signed by the applicant.
- Form DSS-6236 (Informed Consent for Release of Information) provided by the local DSS and signed by the applicant. Only applicable if the refugee applicant is working with a Local Affiliate Agency and the applicant is authorizing the Local Affiliate Agency (Resettlement Agency)/Service Provider to speak/apply for Refugee Cash Assistance (RCA) on the applicant's behalf.

The Department of Health and Human Services complies with Federal and State laws, which restrict the use and disclosure of information concerning applicants and recipients of public assistance and comply with applicable provisions of the Social Security Act concerning confidentiality. The Department of Health and Human Services does not discriminate against any person on the basis of race, color, national origin, sex, religion, age, political beliefs, or disability.

PRIMARY APPLICANT

1	Name (First)	Name (Last)	Name (Middle)	Gender	Date of Birth
Marital Status: <input type="checkbox"/> Individual/Single <input type="checkbox"/> Couple/Married		County of Origin: _____ _____	Immigration Status: <input type="checkbox"/> Refugee <input type="checkbox"/> Special Immigrant Visa (SIV) Holder from Iraq or Afghanistan <input type="checkbox"/> Amerasians <input type="checkbox"/> Afghan Special Immigrant Parole SQ/SI <input type="checkbox"/> Afghan Humanitarian Parolees Residence <input type="checkbox"/> Afghan Humanitarian Parole Afghan Special Immigrant (SI) Conditional Permanent Residence (CPR) <input type="checkbox"/> Ukraine Humanitarian Parole or Non-Ukrainian <input type="checkbox"/> Cuban & Haitian Entrant <input type="checkbox"/> Victim of Human Trafficking (certification letter) <input type="checkbox"/> Asylee: Asylum Date <i>(Found on the Granted Asylum letter)</i> _____		
Immigration Document(s) Viewed: <input type="checkbox"/> I-94 <input type="checkbox"/> USCIS Travel Documents <input type="checkbox"/> Visa <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____			Alien Number: <i>(Typically, a 9-digit number not a Social Security, Passport or VISA number)</i> _____	Full-time Student: <i>(In an Intuition of Higher Learning)</i> <input type="checkbox"/> Yes, Where _____ <input type="checkbox"/> No	

SECOND APPLICANT

2	Name (First)	Name (Last)	Name (Middle)	Gender	Date of Birth
Marital Status: <input type="checkbox"/> Individual/Single <input type="checkbox"/> Couple/Married		County of Origin: _____ _____	Immigration Status: <input type="checkbox"/> Refugee <input type="checkbox"/> Special Immigrant Visa (SIV) Holder from Iraq or Afghanistan <input type="checkbox"/> Amerasians <input type="checkbox"/> Afghan Special Immigrant Parole SQ/SI <input type="checkbox"/> Afghan Humanitarian Parolees Residence <input type="checkbox"/> Afghan Humanitarian Parole Afghan Special Immigrant (SI) Conditional Permanent Residence (CPR) <input type="checkbox"/> Ukraine Humanitarian Parole or Non-Ukrainian <input type="checkbox"/> Cuban & Haitian Entrant <input type="checkbox"/> Victim of Human Trafficking (certification letter) <input type="checkbox"/> Asylee: Asylum Date <i>(Found on the Granted Asylum letter)</i> _____		
Immigration Document(s) Viewed: <input type="checkbox"/> I-94 <input type="checkbox"/> USCIS Travel Documents <input type="checkbox"/> Visa <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____			Alien Number: <i>(Typically, a 9-digit number not a Social Security, Passport or VISA number)</i> _____	Full-time Student: <i>(In an Intuition of Higher Learning)</i> <input type="checkbox"/> Yes, Where _____ <input type="checkbox"/> No	

EARNED INCOME

(Refer to the RAP Manual Chapter III. Section III; Application Process Section; C. Processing Requirements)

Does applicant(s) have income from working? Yes No If yes, complete the following:

1. Applicant Name: _____ Start Date: _____ Rate of Pay: _____

Employer Name: _____

Employer Address: _____ Telephone Number: _____

Supervisor/Manager Name: _____ Work Schedule/Hrs. per Week: _____

2. Applicant Name: _____ Start Date: _____ Rate of Pay: _____

Employer Name: _____

Employer Address: _____ Telephone Number: _____

Supervisor/Manager Name: _____ Work Schedule/Hrs. per Week: _____

PAY RECEIVED THIS MONTH (MONTH OF APPLICATION ONLY)

Applicant	Date	Gross Amount

