REFUGEE WORK REGISTRATION CERTIFICATION, EMPLOYMENT/REFUSAL AND TERMINATION/DENIAL NOTICE



| | Buncombe | County Depa | artment of Social Services | |
|--|---|---------------------------|--|--|
| Address: 40 Coxe Ave., Asheville, NC | 28802 | Fax Number: | 828-250-6235 | |
| PART A – REFERRAL (DSS) | | | | |
| To: Refugee Resettlement Agency (Name of NC Refugee Service Provider) | | Da | te: <u>2/25/2022</u> | |
| Address: 123 Start Street Email: refugeearrival@gonet.com | | | | |
| The individual listed below has applied for Refugee Cash Assistance (RCA) and is now a RCA recipient. This recipient is being referred to you for employment services (work registration). Please confirm each individual is participating in Employment Services and return this form to us at the contact listed above. We must receive confirmation that the individual is registered to ensure the referral is complete. | | | | |
| Name of Receipient: <u>Joseph Doe</u> | | Alien Number: | 123456789 | |
| Name of Receipient: | | Alien Number: | | |
| Address: <u>123 Start Street, Asheville, NC 28806</u> Telephone Number: <u>828-250-1235</u> | | | | |
| Orange Smith Print Name of DSS Representative Green Smith Print Name of Ongoing DSS Representative | Orange Smith Signature of DSS Repre 828 - 250 - 9999 Ongoing Telephone Nu | esentative | 28 - 250 8888 Telephone Number hith@buncombeco.gov g DSS Representative Email | |
| PART B – CE | RTIFICATION (SERVICI | E PROVIDER) | EXEMPT | |
| This is to certify that the individual listed above | was registered for Employn | nent Services | 2/28/2022 | |
| Blue Smith Print Name of Employment Specialist | Blue Smith Signature of Employment | Specialist Law Specialist | B28 - 250 - 6666 Telephone Number | |
| PART C - EMPLOYMENT/REFUSAL NOTICE (SERVICE PROVIDER) | | | | |
| Today's Date3/15/2022 | | | | |
| ✓ This is to notify the above DSS that the above individual is: Joseph Doe | | | | |
| [] employed with effective date | | | | |
| Note: In addition to this notice, please send the DSS-8113, "Wage Verification Form." | | | | |
| [X] currently receiving Supplemental Security Income (SSI) effective date | | | | |
| ☐ This is to notify the above DSS that the above individual: | | | | |
| [] refused to participate in Employment Services on effective date | | | | |
| [] refused to accept employment on effective date | | | | |
| Blue Smith | | | | |
| Blue Smith Print Name of Employment Specialist S | ignature of Employment Sp | | 828 250 6666 Telephone Number | |
| . , , , , | | | | |
| PART D – TERMINATION/DENIAL NOTICE (DSS) This is to notify the NC Refugee Services Provider that the above individual was terminated from RCA or denied RCA | | | | |
| effective this date 3/20/2022. The DSS-8110, "Your Benefits are Changing" form was completed and sent to both RCA recipient and the NC Refugee Service Provider, to reflect change on this date 3/31/2022. | | | | |
| Reason: Refugee Cash Assistance reci | | | | |
| Green Smith Print Name of Employment Specialist | Green Smith Signature of Employment | | <u>3 - 250 - 9999</u> ephone Number | |