



Refugee Programs

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November 2021

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Learning Objectives

- 1. Recognize Refugee Programs Partnerships**
 - NC State Refugee Office
 - NC Resettlement Agencies
 - NC Refugee Service Providers
- 2. Understand the Refugee Process**
 - Arrival/Resettlement/Process
 - Eligible Populations (groups)

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Learning Objectives

3. Understand the NC FAST system:

- Correct Intelligence Evidence Gathering (IEG)
- Incorrect Intelligence Evidence Gathering (IEG)

4. Determine when to use:

- Cash Assistance vs. Refugee Cash Assistance
- Medical Assistance vs. Refugee Medical Assistance
 - Eligibility Guidelines
 - Interview Application
 - Processing Standards

5. Discuss Case Scenarios

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Policy



Handouts



Hyperlinks

Key Icons

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NCDHHS Policies and Manuals

Log in only in current section

Search Site Search

Home Departmental Divisional How To Navigate DHHS Policies and Manuals

Home Divisional Social Services Refugee Assistance

Refuge Assistance

Divisional

- Aging and Adult Services
- Child Development and Early Education
- Health Service Regulation
- Mental Health, Developmental Disabilities and Substance Abuse Services

- [Policy/Manuals](#)
- [Administrative Letters](#)
- [Change Notices](#)

Filed under: [DSS](#) [Social Services](#) [Refugee](#)

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NCDHHS Policies and Manuals

Log in only in current section

Search Site

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Home Divisional Social Services Forms

Forms

Divisional

- Aging and Adult Services
- Child Development and Early Education
- Health Service Regulation
- Mental Health, Developmental Disabilities and Substance Abuse Services
- Health Benefits/NC Medicaid

- [نماذج باللغة العربية - Forms in Arabic](#)
- [Formulaire en Français - Forms in French](#)
- [Formulare auf Deutsch - Forms in German](#)
- [Cov ntaub ntawv nyob rau hauv Hmong - Forms in Hmong](#)
- [한국어 양식 - Forms in Korean](#)
- [Formas en Español - Forms in Spanish](#)
- [Các biểu mẫu bằng tiếng Việt - Forms in Vietnamese](#)
- [Forms in Mandarin Chinese](#)

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Title

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NCDHHS
Policies and Manuals

Log in only in current section

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Divisional

- Aging and Adult Services
- Child Development and Early Education
- Health Service Regulation
- Mental Health, Developmental Disabilities and Substance Abuse Services
- Health Benefits/NC Medicaid
- Public Health

Refugee Appendices

- [Appendix A - Local Affiliate Offices for National Voluntary Agencies](#)
- [Appendix B - NC Refugee Service Providers](#)
- [Appendix C - Refugee Social Service Codes, Services, Descriptions & Units](#)
- [Appendix D - 2021 Federal Poverty Guidelines](#)
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- [Appendix H - Central American Minors \(CAM\) Fact Sheet](#)
- [Appendix I - Special Immigrant Visa \(SIV\) Holders or SO/SI Parolees from Afghanistan and Iraq Fact Sheet](#)
- [Appendix J - Afghan Humanitarian Parolees Fact Sheet](#)

Hyperlinks

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Refugee Program Partnerships

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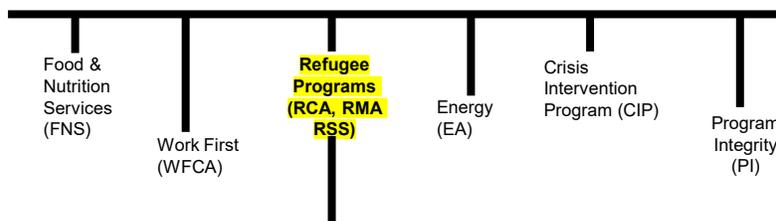
North Carolina State Refugee Office (NC SRO)

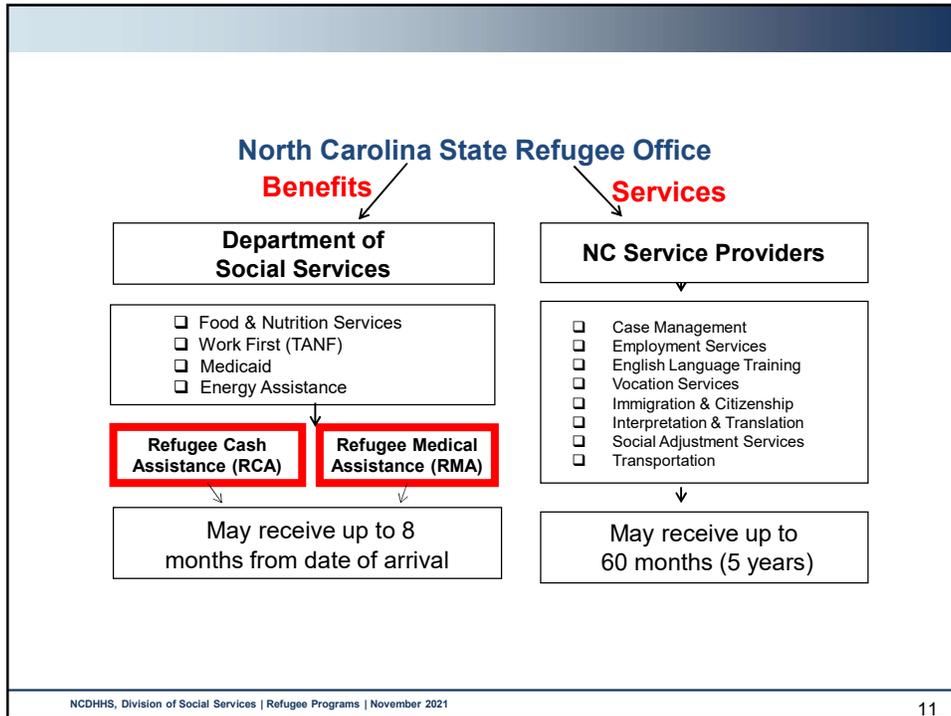
The office that oversees Refugee Support Services (RSS), Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) as well as numerous other programs, duties and responsibilities.

The NC SRO ensures maximum coordination between local resettlement agencies involved in refugee resettlement and the public and private providers of refugee services.

Division of Social Services

Economic & Family Services (EFS)





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- ### National Voluntary Agencies (VOLAGS)
- 1) Church World Service (CWS)
 - 2) Ethiopian Community Development Council (ECDC)
 - 3) Episcopal Migration Ministries (EMM)
 - 4) Hebrew Immigration Aid Society (HIAS)
 - 5) International Rescue Committee (IRC)
 - 6) Lutheran Immigration and Refugee Services (LIRS)
 - 7) US Catholic Council of Bishops (USCCB)
 - 8) US Committee for Refugees and Immigrants (USCRI)
 - 9) World Relief Corporation (WRC)
- NCDHHS, Division of Social Services | Refugee Programs | November 2021

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NC Refugee Resettlement Agency

“**Local affiliate**,” does both resettlement and provide on-going services. They operate under the guidance of a National Voluntary Agency (VOLAG) and/under contract with the Department of State (DOS) to provide Reception and Placement (R&P) services at the local level.

Refugee Appendices

Appendix A - Local Affiliate Offices for National Voluntary Agencies

Appendix B - NC Refugee Service Providers



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EXAMPLE - NC Resettlement Agencies (continued)

Appendix A – North Carolina Refugee Resettlement Agencies Local Affiliate Offices for National Voluntary Agencies

**North Carolina African Services
Coalition**
Voluntary Agency: Ethiopian Community
Development Center
ECDC
122 N. Elm Street, Suite 1010
Greensboro, North Carolina 27401
Phone: 336-574-2677
Fax: 336-574-2672
www.ascafrica.org

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NC Refugee Services Providers

Contract directly with the NC SRO to provide a wide variety of ongoing refugee-specific services such as delivery of/or coordination of employment services, case management, transportation, skills recertification, English Language Training (ELT), vocational skills training, citizenship and immigration services, translation and interpretation, and social adjustment services. These services can last up to 5 years.

Refugee Appendices

[Appendix A - Local Affiliate Offices for National Voluntary Agencies](#)

[Appendix B - NC Refugee Service Providers](#)



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EXAMPLE - NC Refugee Service Providers (continued)

Appendix B NORTH CAROLINA REFUGEE SERVICE PROVIDERS			
AGENCY	STREET ADDRESS & PHONE	COUNTIES SERVED	KEY SERVICES
NC African Services Coalition, Inc. (ECDC) Greensboro	122 N. Elm Street, Suite 1010 Greensboro, North Carolina 27401 Phone: 336-574-2677 Fax: 336-574-2672	Guilford	Case Management, Employment, Social Adjustment Services, Interpretation and Translation, Transportation, Educational and Vocational Training, Skills Recertification, Drivers Training, Youth Services

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Refugee Process

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[Click here](#) to stream it!



Who Are Refugees and How Do They Arrive in the United States?

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What is the difference?

The diagram consists of five hexagons. Three blue hexagons are arranged in a top row, labeled 'Immigration', 'Immigrant', and 'Immigration Status' from left to right. Below them are two green hexagons, labeled 'Citizenship' and 'Naturalization' from left to right. The 'Immigration' hexagon is positioned above 'Citizenship'. The 'Immigrant' hexagon is positioned above 'Naturalization'. The 'Immigration Status' hexagon is positioned to the right of 'Naturalization'.

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Immigration
 The **act** of leaving one's countries and moving to another country of which they are not natives, nor citizens.

Immigrant
 Is a general term for a person who goes to a new country with plans to **settle** there permanently.

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Immigration Status

Refers to the way in which a person is present in the United States.

Everyone has an immigration status.

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These immigrant status types include:

1. US Citizen
2. Legal/Lawful Permanent Resident
3. Refugee or Asylee
4. Non-Immigrant (specific visa)
 - U Visa
 - T Visa
 - Student Visa
 - Visitor Visa
 - Temporary Work Visa
5. Undocumented Person
(entered without papers or overstayed their visa)

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Citizenship

The **position or status** of being a citizen of a particular country

U.S. Citizen

A person is a United States citizen by birth or by naturalization.

Persons who are born in the following:

- one of the 50 states,
- the District of Columbia (DC),
- Puerto Rico (PR),
- U.S. Virgin Islands (VI),
- Guam (GU)

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Citizenship Continued

U.S. National

A U.S. national is a person born or having ties with “an outlying possession” of the U.S.

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Naturalization

Naturalization is the **legal process** through which a foreign citizen or national can **become a U.S. citizen.**

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ORR Eligible Recipients

1. Refugee
2. Special Immigrant Visa (SIV) Holder from Afghanistan and Iraq
3. **NEW!** SQ/SI Parolees from Afghanistan and Iraq 
4. **NEW!** Afghan Humanitarian Parolees 
5. Asylee
6. Amerasians (from Vietnam)
7. Cuban and Haitian Entrants also known as 'Parolee'
8. Victims of Human Trafficking

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Refugee Appendices

[Appendix A - Local Affiliate Offices for National Voluntary Agencies](#)
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[Appendix D - 2021 Federal Poverty Guidelines](#)

[Appendix E - Refugee Fact Sheet](#)
[Appendix F - Asylee Fact Sheet](#)
[Appendix G - Cuban & Haitian Entrants Fact Sheet](#)
[Appendix H - Central American Minors \(CAM\) Fact Sheet](#)
[Appendix I - Special Immigrant Visa \(SIV\) Holders or SQ/SI Parolees from Afghanistan and Iraq Fact Sheet](#)
[Appendix J - Afghan Humanitarian Parolees Fact Sheet](#)
[Appendix K - Victim of Human Trafficking Fact Sheet](#)

APPENDICES E - K Fact Sheet(s)

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Group One	
Refugee	Special Immigrant Visa Holders (SIV) Afghanistan & Iraq
	SQ/SI Parolees Afghanistan & Iraq
	Afghan Humanitarian Parolees

Group Two	
Asylee	Cuban & Haitian Entrants
Amerasians	Victims of Human Trafficking

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Travel Document
Group One



VALID FOR ONE YEAR

United States Department of State
Bureau of Population, Refugee, and Migration
Washington, DC 20520-3324

Date Issued: 1 September 2017

The Transportation Company And Transportation Security Administration

Document ID: 65258641a11e2-2a2d43ad59df2ad2f9a2d6a-ad27caaf
 RE: TU-1244667 (1 Member) UNHCR Case Number: 414-123446671

DOE, Jane

US Address: 123 Cherry Hill Lane ← Local Affiliate Office Address

Sir/Madam

Pursuant to the accompanying travel packer (for international flight) or the form I-94 (for U.S. domestic flight), the Department of Homeland Security/US Citizenship and Immigration Services has approved the applicant to apply for admission to the United States of the below-named alien(s) under section 76(e).

		
DOE, Jane A 123456789 Female: Principle Applicant DOB: 1 January 1994 COB/NAT: Afghanistan	DOE, Jennifer A 987654321 Female: Applicant DOB: 1 January 1994 COB/NAT: Afghanistan	DOE, John A 777888999 Male: Applicant DOB: 1 January 1994 COB/NAT: Afghanistan

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DSS-6247

Notification of Refugee Arrival and Intent to Apply for Benefits

(The term "Refugee" refers to Refugees under Section 207, Asylum under Section 208, Cuban/Haitian Entrants, Cuban Americans, Certified Trafficking Victims, and Iraqi/Afghan Special Immigrant Visa (SIV) Holders)

1. Date: _____
2. To: _____ County Department of Social Services
Address: _____
Phone Number: _____ Fax Number: _____
3. From: _____ Email: _____
Address: _____ Contact Phone Number: _____
Case Manager Name: _____
4. Is this agency responsible for Employment Services? NO. If no, name of referring agency: _____
 YES. If yes, who is the Employer/Worker: _____ Contact Number: _____
5. Please be advised that the following refugees* are being resettled in your county.

NAME	ALIEN NUMBER	DATE OF BIRTH	DATE OF ARRIVAL	NATIONALITY ETHNICITY	IMMIGRATION STATUS
11					
12					
13					
14					
15					
16					
17					
18					

6. It is anticipated that this individual(s)/family will be applying for the following public benefits as qualified alien(s):
 Food & Nutrition Services Refugee Cash Assistance (RCA)
 Work First/TANF Refugee Medical Assistance (RMA) OTHER (specify) _____
 Medicaid (Programs/Income/MH/MH, Adult, Blind and Disabled/MH/MH, Families and Children/MH, Infant and Children/MH, Medicaid 19 & 20/MH)
7. Name of applicant who is currently age 65 or older? _____
 Was a Supplemental Security Income (SSI) application submitted? NO YES. DATE: _____
 NOT YET, but will apply in the future, expected Month/Year: _____
8. Do the Refugee(s) have Social Security Number(s)? NO YES. Applied for SSN/Card on this date: _____
 NOT YET, but will apply in the future, expected Month/Year: _____
9. Match Grant Participant? NO YES. BEGIN DATE: _____ END DATE: _____ (if known)
*Match Grant case requires a Match Grant Agreement that indicates they agree not to access any other cash assistance program (Work First or Refugee Cash Assistance) for the first four months in the United States of America. Please notify us of the date of application. The Refugee Assistance is subject to other cash benefit programs. Federal law prohibits participation in both cash assistance.

Approved Housing Agency

(Name & Contact Info)

AMOUNT: \$ _____ (if known)

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DSS-6247

Numbers
3, 4, 7, 9

Notification of Refugee Arrival and Intent to Apply for Benefits
(The term "Refugee" refers to Refugees under Section 201; Asylees under Section 208; Cuban/Haitian Entrants; Certain Annuitants; Certified Trafficking Victims; and Iraqi/Algerian Special Immigrant Visa (SIV) Holders)

1. Date: 02/03/2020

2. To: Henderson County Department of Social Services
Address: 123 Start Street, Asheville, NC 28806
Phone Number: (828) 697-5500 Fax Number: (828) 697-4544

3. From: Refugee Resettlement Agency Email: refugeeservices@email.com
Address: 123 Start Street, Asheville, NC 28806

4. Case Manager Name: Mr. C. Manager Contact Phone Number: (828) 999-9999

5. In this agency responsible for Employment Services? NO. If no, name of referring agency: DSS
 YES. If yes, who is the Employment Worker? Contact Number: _____

6. Please be advised that the following refugee(s) are being resettled in your county.

NAME	ALIEN NUMBER	DATE OF BIRTH	DATE OF ARRIVAL	NATIONALITY OF ETHNICITY	IMMIGRATION STATUS
1. Jane Doe	123456789	01/01/1994	01/01/2020	Congo	Refugee
2. Jennifer Doe	987654321	01/01/1994	01/01/2020	Congo	Refugee
3. John Doe	777888999	01/01/1994	01/01/2020	Congo	Refugee
4.					
5.					
6.					
7.					
8.					

7. It is anticipated that this individual/couple/family will be applying for the following public benefits as qualified aliens.
 Food & Nutrition Services Refugee Cash Assistance (RCA)
 Work First/TANF Refugee Medical Assistance (RMA) OTHER (specify) _____
 Medicaid (Pregnant Women: WPM; Aged, Blind and Disabled: MABD; Families and Children: MFC; Adult and Older: MOC; Medicaid 19.12: MOW)

8. Name of applicant who is currently age 65 or older? NONE

Was a Supplemental Security Income (SSI) application submitted? NO YES, DATE: _____
 NOT YET, but will apply in the future, expected Month/Year: _____

Do the Refugee(s) have Social Security Number(s)? NO YES, Applied for SSN/Card on this date: _____
 NOT YET, but will apply in the future, expected Month/Year: 02/03/2020

9. Health Grant Participant? NO YES, BEGIN DATE: _____ END DATE: _____ (if known)

Health Grant case requires the applicant to sign a Matching Grant Agreement that indicates they agree not to access any other cash assistance programs (Food and Nutrition Assistance) for the first four months in the United States of America. Please call us at the time of application, the Refugee becomes a recipient of either of these cash benefit programs. Federal law prohibits participation in both simultaneously.

Notwithstanding their eligibility for TANF, SSI, or Medicaid, etc., alien non-refugees are eligible for refugee cash assistance (RCA) and medical assistance (RMA) for 24(36) months from the date of arrival in the United States. Candidates for these public benefit programs should be awarded their Refugee Operational Support Team (ROST) assignment in the Refugee Benefits Coordinator at the NC State Refugee Office, Division of Social Services, DHS, at (813) 671-4422.

DSS-6247 Revised 5/2019
Economic & Family Services

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Who is a Refugee?

A refugee is. . .

any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

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Application/Intake Process

Immigration Paperwork
(Evidence/Verification)

- I-94
- VISA
- Passport
- Travel Document

Required Form

DSS-6247
Notification of Refugee Arrival and Intent to Apply For Benefits

Process case and get it out your space!
Just a phase

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Application/Intake Process

Additional Populations

- Amerasians
- Asylee – MUST have a letter of Granted Asylum
- Cuban/Haitian Entrants (Parolees)
- Victims of Human Trafficking – Certification Letter

Immigration Paperwork

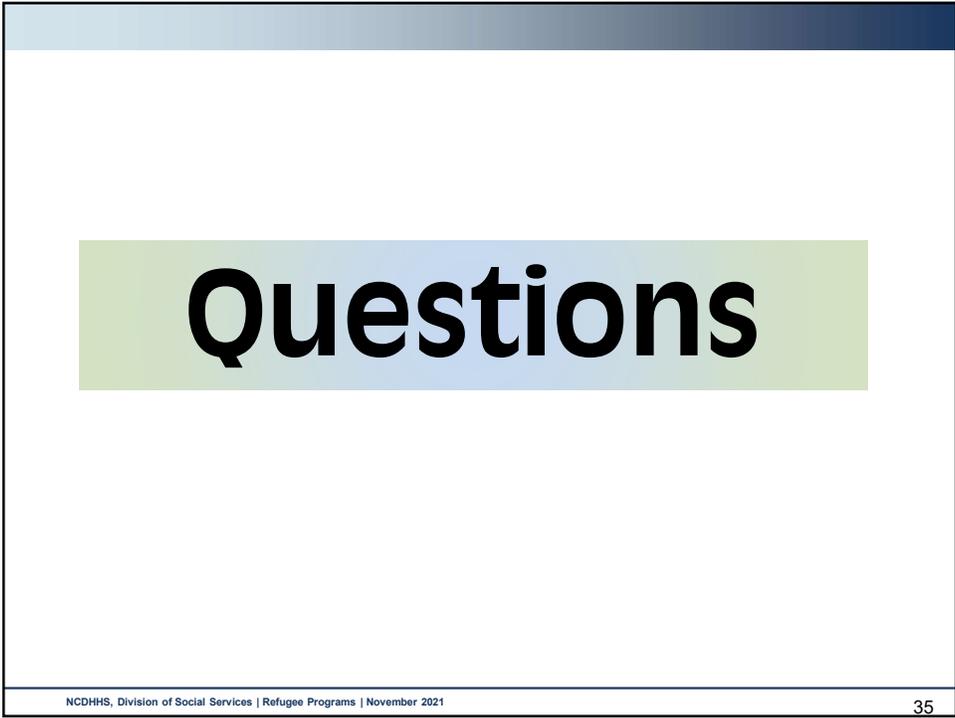
- I-94
- VISA
- Passport
- Travel Document
- Letter Granted Asylum
- Certification Documents

Process case and get it out your space!

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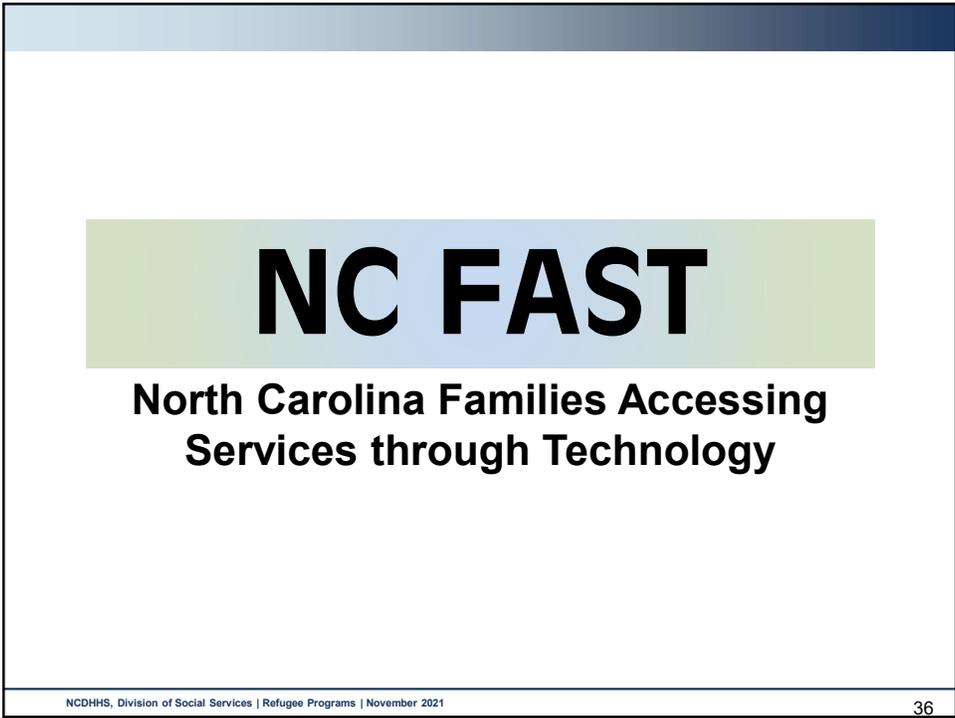
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A presentation slide with a white background and a dark blue header bar at the top. The word "Questions" is centered in a large, bold, black font, set against a light green rectangular background. At the bottom of the slide, there is a thin blue bar containing the text "NCDHHS, Division of Social Services | Refugee Programs | November 2021" on the left and the number "35" on the right.

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A presentation slide with a white background and a dark blue header bar at the top. The text "NC FAST" is centered in a large, bold, black font, set against a light green rectangular background. Below this, the text "North Carolina Families Accessing Services through Technology" is centered in a smaller, bold, black font. At the bottom of the slide, there is a thin blue bar containing the text "NCDHHS, Division of Social Services | Refugee Programs | November 2021" on the left and the number "36" on the right.

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Evidence Gathering

During Intelligence Evidence Gathering:

- When answering the question about citizenship status, select **Other** (is applicable for the qualified status group of “Refugees”)
- This will prompt additional questions about the “Alien” Status.

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Evidence Gathering

What is the claimant's citizenship status?

-Please Select-

-Please Select-

US Citizen/Naturalized Citizen

US Non-Citizen National

Undocumented Alien

Other ←

Unknown

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Evidence Gathering

Please enter the claimants alien details

Alien Category *	--Please Select--
Current Alien Status	--Please Select--
Alien Registration Number	<input type="text"/>
Date of Entry	<input type="text"/> 
County of Origin	--Please Select--

Does the claimant have a sponsor? --Please Select--

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Evidence Gathering

With the immigration document (I-94) and evidence you can fill in the required information.
Make sure you fill in completely.

Upon approval immediately activate your Product Delivery Case to distribute benefits timely and accurately.

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Evidence Gathering

Please enter the claimants alien details

Alien Category *	Documented Alien
Current Alien Status	Refugee
Alien Registration Number	123456789
Date of Entry	10/5/2021
County of Origin	Democratic Republic of the Congo
Does the claimant have a sponsor?	--Please Select--

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Correct Evidence Gathering

Person Details

Head of Household: Yes	First Name: [REDACTED]
Last Name: [REDACTED]	Home Area Code: [REDACTED]
Home Phone Number: [REDACTED]	Contact Language: Arabic
Applied for SSN: Yes	Date of Birth: [REDACTED]
Gender: [REDACTED]	Marital Status: [REDACTED]
Citizenship Status: Other	Alien Category: Refugee
Alien Status: Refugee	Alien Registration Number: [REDACTED]
Alien Entry Date: February 28, 2019	Alien Country: Iraq
Household Start Date: March 5, 2019	Ethnic Origin: Not Hispanic or Latino
White or Caucasian: Yes	Resident in State: Yes
NC Intended Resident: Yes	Living situation: Home (living with own family)
Living situation Status: Permanent	Living situation Start Date: March 5, 2019
Expedited Monthly Income: 0	Expedited Savings: 0
Expedited Housing Costs: 0	Expedited Utility Costs: 0
Claimant Needs Help with Application: Yes	Medicaid Card: No

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Non-Financials

Non Financials

Household Member	Residency	Refugee Status	SSN	Non Financials
▼ [Redacted]	Pass	Pass	N/A	Fail
Residency	Is a permanent resident of the state.	Refugee Status →		Qualified as a Refugee on entry to the United States.
Social Security Number	Not Applicable	Student Exemption		Is not a full-time student in an institute of higher learning.
▼ [Redacted]	Pass	Pass	N/A	Fail
Residency	Is a permanent resident of the state.	Refugee Status →		Qualified as a Refugee on entry to the United States.
Social Security Number	Not Applicable	Student Exemption		Is not a full-time student in an institute of higher learning.

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Eligibility Decision

Eligibility ▼

Household	Pass
Non Financials	Pass
Resources	Pass
Income	Pass

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Evidence Gathering

What is the claimant's citizenship status?

-Please Select-

-Please Select-

US Citizen/Naturalized Citizen

US Non-Citizen National

Undocumented Alien

Other

Unknown ←

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Person Details

Head of Household: Yes

Last Name: [REDACTED]

Home Phone Number: [REDACTED]

Applied for SSN: N/A

Gender: [REDACTED]

Citizenship Status: Unknown

Ethnic Origin: Unreported

Resident in State: Yes

Living situation: Home (living with own family)

Living situation Start Date: July 1, 1946

Expedited Savings: 0

Expedited Utility Costs: 0

Incorrect Evidence Gathering

First Name: [REDACTED]

Home Area Code: [REDACTED]

Contact Language: Arabic

Date of Birth: [REDACTED]

Marital Status: Married

Household Start Date: July 1, 1946

Race Unreported: Yes

NC Intended Resident: Yes

Living situation Status: Permanent

Expedited Monthly Income: 0

Expedited Housing Costs: 0

Medicaid Card: No

Citizenship Status: Unknown

Ethnic Origin: Unreported

Household Start Date: July 1, 1946

Race Unreported: Yes

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Non-Financials

Household Member	Residency	Citizenship	SSN	Non Financials
▼ [REDACTED]	Pass	Fail	Pass	Fail
Residency	Is a permanent resident of the state.	Citizenship	→	Is a Qualified Alien who does not meet the Qualified Alien Eligibility Criteria.
Social Security Number	Is categorical eligible and is not required to supply a social security number.	Concurrent Benefits		Is not receiving concurrent benefits.
Medical Support Compliance	Not Applicable	Third Party Liability		Not Applicable
Living Arrangement	11 Private living arrangement One third reduced	All Other Benefits		Applied for all required benefits

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Incorrect Eligibility Decision

Eligibility	▼
Household	Pass
Non Financials	Fail
Resources	Pass
Income	Pass

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Questions

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Cash Assistance

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Types of Cash Assistance

1. Work First Cash Assistance (WF)
2. Supplemental Security Income (SSI)
3. Match Grant (MG)
4. Refugee Cash Assistance (RCA)

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The screenshot shows the NCDHHS Policies and Manuals website. The header includes the NCDHHS logo and the text "NCDHHS Policies and Manuals". There are "Log in" and "Search" buttons. The navigation menu includes "Home", "Departmental", "Divisional", and "How To Navigate DHHS Policies and Manuals". Below this, a breadcrumb trail shows "Home", "Divisional", "Social Services", "Refugee Assistance", and "Policy/Manuals". A left sidebar titled "Divisional" lists various service areas. The main content area is titled "Policy/Manual" and contains a list of links under the heading "Title". The links are: "Chapter I: Refugee Assistance Background", "Chapter II: Refugee Medical Assistance Program", "Chapter III: Refugee Cash Assistance Program" (highlighted with a red arrow), "Chapter IV: Refugee Social Services", "Chapter V: Refugee Assistance Monitoring", and "Refugee Appendices".

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Refugee Cash Assistance

RCA is short-term financial support provided to eligible individuals who participate in employment services in accordance with an Employability Plan.

RCA Payments	
Recipients	Payment
Individual	\$181.00
Couple	\$236.00

First 8 months. New Arrivals ONLY!

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RCA Eligible Period of Coverage

RCA is available to eligible refugees for the first eight (8) months of arrival. The date of arrival, not the application date, is used to determine the period of coverage.

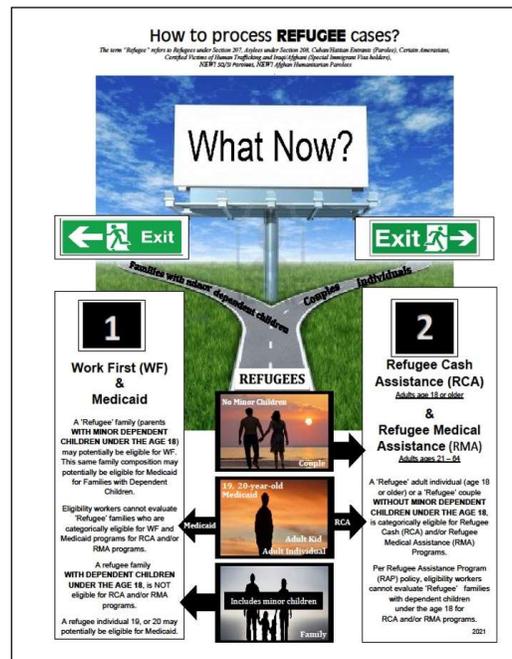
Arrival Month	Eighth Month
January	August
February	September
March	October
April	November
May	December
June	January
July	February
August	March
September	April
October	May
November	June
December	July

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To be eligible for RCA an individual/couple must not be eligible for mainstream cash assistance programs such as:

- Work First Cash Assistance (WF)
- Supplemental Security Income (SSI)
- Match Grant (MG)

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Refugee Cash Assistance

Refugee Individual

A single refugee individual household must consist of one adult, with no minor children 18 years of age or older.

Refugee Couple

A refugee couple household may consist of a married couple with no minor children.

Refugee Cash Assistance

Refugee 65 Years of Age or Older

A refugee 65 years of age or older, or a refugee who is blind or disabled, may meet the criteria for Supplemental Security Income (SSI) until the individual begins receiving SSI.

Application/Intake Process

Immigration Paperwork
(Evidence/Verification)

- I-94
- VISA
- Passport
- Travel Document
- Letter of Asylum
- Certification letter for Victim of Human Trafficking

Required Form

DSS-6247
Notification of Refugee Arrival and Intent to Apply For Benefits

= Process case and get it out your space!

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Paper Application vs NCFAST Application

~~**DSS-8228**
Work First
Cash
Assistance
Application~~

DSS-6241
[Refugee](#)
[Cash](#)
[Assistance](#)
[Application](#)

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RCA Issues

BENEFITS ISSUED IN ERROR

- Refugee families are placed on RCA and not on WF.

OVER ISSUANCE – NOT Reacting to Change

- RCA recipients age 65 or older begin receiving SSI plus RCA.
- RCA recipients become employed and change in situation “employment” is not reported.

RCA Application & Interview

1. Apply cultural sensitivity in all interview communications.
2. Obtain an interpreter, if needed.
3. Evaluate each member of the family, individually
4. A person 18 years of age or older is considered an adult
5. Ensure Refugee applicant(s) understands their rights and responsibilities.
6. Applicants should apply for Food and Nutrition Services (FNS) benefits on the same day.

RCA Eligibility Guidelines

- ✓ Adult (age 18 and over) with no **MINOR** children
- ✓ Household (married) with no **MINOR** children
- ✓ Acceptable immigration status;
- ✓ Acceptable documentation;
- ✓ New arrivals only; in county 8 months or less
- ✓ Employment Services

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RCA Processing Requirements

- Refugee Status**
 Immigration documents for Refugee status are needed. **No Social Security Number/Card, NO problem. SSN AND SAVE (SYSTEM) CHECKS ARE NOT REQUIRED**
- State/County Residence**
 Accept applicant's statement.
NO ADDITIONAL VERIFICATION NEEDED
- Income and Resources**
 What counts? Only earned income. Resources obtain in this country only. Income criteria – 200% of poverty level. **REFER TO RESOURCE EXCEPTIONS**
- 30-Day Processing**
 The date of application is the day the application is signed by the applicant or acting representative. Must process in 30 days.

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RCA Notices

Approval Letter

DSS-8108 Notice of Benefits

Client Rights & Responsibilities

NCFAS-20009 North Carolina Rights & Responsibilities for Public Assistance

Employment Referral

DSS-5022 (Part A & B), Refugee Work Registration Certification, Employment/Refusal and Termination/Denial Notice

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Employment Services

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Employment Services Guide for RCA Recipient(s)

STOP

External Referral: Is the newly approved RCA recipient(s) working with a NC Refugee Service Provider. If yes is this agency responsible for providing Employment Services? If yes, complete referral form DSS-5022 (Part A) Refugee Registration Certification, Employment/Refusal and Termination/Denial Notice. (If this form was completed, STOP once you received Part B of this form)

Internal Referral: If the newly approved RCA recipient(s) is NOT working with a NC Refugee Service Provider, Employment Services Specialist, then the Local Department of Social Services (DSS) Employment Services team is responsible for providing employment services to the RCA recipient. Proceed to the following steps (referenced on this page).

GO

STEP 1 REFERENCE: Refugee Assistance Program Manual, located on the NCDHHS Policies and Manual website

Chapter III - Refugee Cash Assistance Program

- Introduction
- Eligibility Guidelines
- Application Process
- **Employment Services** ←
- Finalize Application
- Changes in Situation
- Review
- Notice and Hearings Process
- Overpayments and Underpayments
- Recipient Fraud and Abuse

NOTE: No Refugee Service Provider Available

When a refugee-specific employment service provider is NOT available through a NC Refugee Resettlement Agencies (local affiliate) in the county in which the refugee resides, the local Department of Social Services is responsible for providing Employment Services, i.e. obtaining a signed Mutual Responsibility Agreement Plan (MRA) and for the development of both the Family Self-Sufficiency and Individual Employability Plans.

STEP 2 REFERENCE: Forms, located on the NCDHHS Policies and Manual, Division, Social Services Forms website

<p>DSS-6239A</p> <p>Refugee Mutual Responsibility Agreement (MRA)</p> <p>REQUIRED</p>	<p>DSS-6239B</p> <p>Mutual Responsibility Agreement/ Plan of Action Requirements</p> <p>SUGGESTED, Left to the discretion of Local DSS</p>	<p>DSS-6232</p> <p>NC Refugee Assistance Program Family Self-Employability Plan</p> <p>REQUIRED</p>	<p>DSS-6230</p> <p>NC Refugee Assistance Program Family Self-Sufficiency Plan</p> <p>REQUIRED</p>
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Handouts

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DSS-5022

Available in two versions

- Forms website **Link:**
<https://policies.ncdhhs.gov/divisional/social-services/forms>
- NC FAST Generated **Job Aid:** Follow the job aid [Generating and Completing Forms](#) under Case Level Communication and you will find the DSS-5022

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

County Department of Social Services

Address: _____ Fax Number: _____

PART A - REFERRAL (DSS)

To: _____ Date: _____
(Name of NC Refugee Service Provider)

Address: _____ Email: _____

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 Recipient: _____ Alien Number: _____
 Name of Recipient: _____ Alien Number: _____
 Address: _____
 Telephone Number: _____

Print Name of DSS Representative: _____ Signature of DSS Representative: _____ Telephone Number: _____
 Print Name of Ongoing DSS Representative: _____ Ongoing Telephone Number: _____ Ongoing DSS Representative Email: _____

PART B - CERTIFICATION (SERVICE PROVIDER)

This is to certify that the individual listed above was registered for Employment Services on _____ date _____

Print Name of Employment Specialist: _____ Signature of Employment Specialist: _____ Telephone Number: _____

PART C - EMPLOYMENT/REFUSAL NOTICE (SERVICE PROVIDER)

Today's Date: _____

This is to notify the above DSS that the above individual is: _____ effective date: _____

employed with _____ effective date: _____
 Note: In addition to this notice, please send the DSS-8113, "Wage Verification Form."
 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: _____

Print Name of Employment Specialist: _____ Signature of Employment Specialist: _____ 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: _____ 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 _____

Reason: _____

Print Name of DSS Representative: DSS-5022 Revised 6/2019 Economic and Family Services Signature of DSS Representative: _____ Telephone Number: _____

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Refugee Programs Training

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DSS-5022

Part A: DSS Worker must complete.

Part B: Employment Specialist must complete.

Part C: Employment Specialist must complete.

Part D: DSS Worker must complete.

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

County Department of Social Services

Address: _____ Fax Number: _____

PART A – REFERRAL (DSS)

To: _____ Date: _____
(Name of NC Refugee Service Provider)

Address: _____ Email: _____

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 Recipient: _____ Alien Number: _____
Name of Recipient: _____ Alien Number: _____
Address: _____
Telephone Number: _____

Print Name of DSS Representative _____ Signature of DSS Representative _____ Telephone Number _____

Print Name of Ongoing DSS Representative _____ Ongoing Telephone Number _____ Ongoing DSS Representative Email _____

PART B – CERTIFICATION (SERVICE PROVIDER)

This is to certify that the individual listed above was registered for Employment Services on _____ date _____

Print Name of Employment Specialist _____ Signature of Employment Specialist _____ Telephone Number _____

PART C – EMPLOYMENT/REFUSAL NOTICE (SERVICE PROVIDER)

Today's Date: _____

This is to notify the above DSS that the above individual is:

employed with _____ effective date _____

Note: In addition to this notice, please send the DSS-8118, "Wage Verification Form."
 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: _____

Print Name of Employment Specialist _____ Signature of Employment Specialist _____ 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: _____ 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: _____

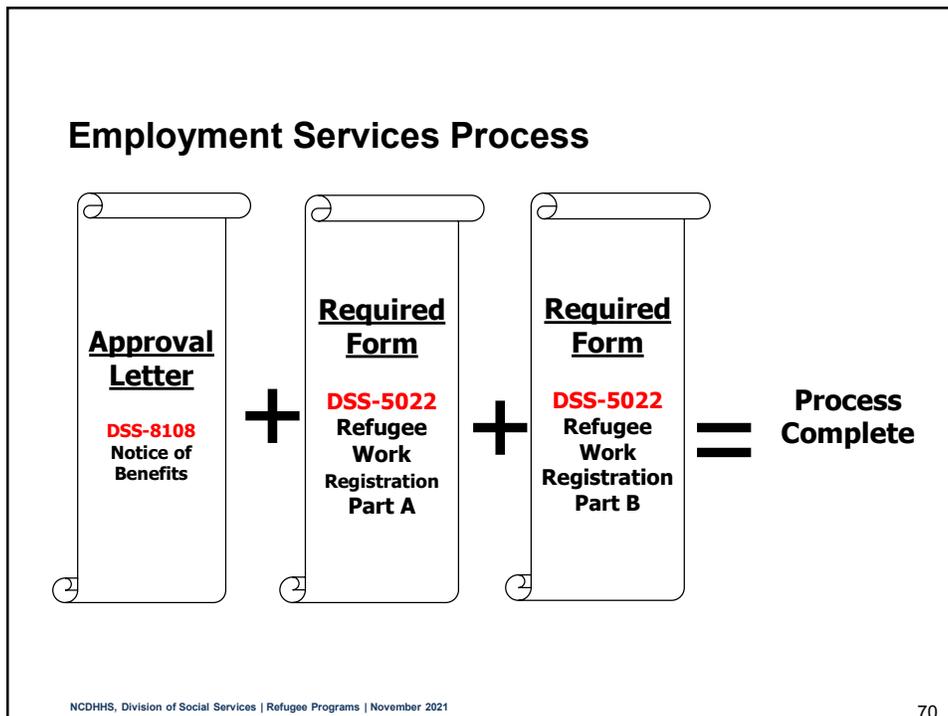
Reason: _____

Print Name of DSS Representative _____ Signature of DSS Representative _____ Telephone Number _____

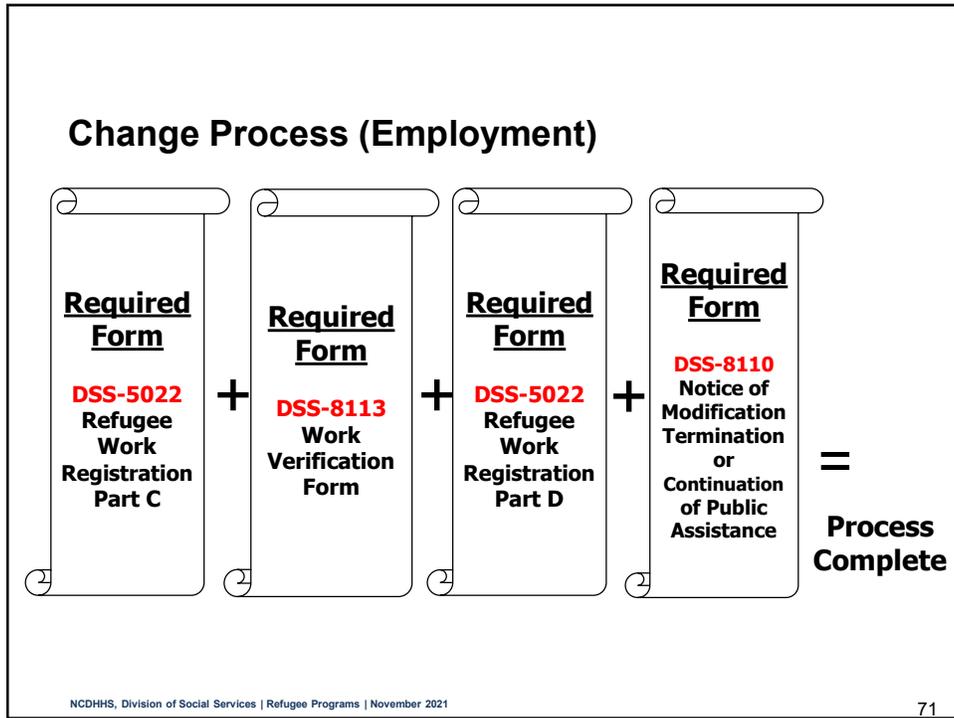
DSS-5022 Revised 6/2019
Electronic and Paper Service

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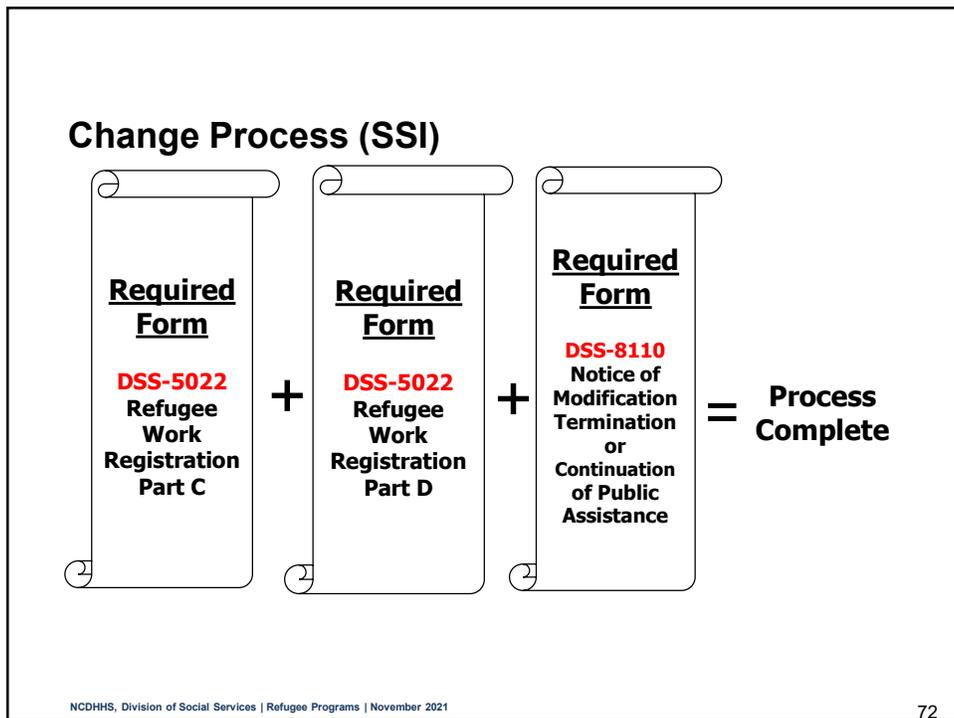
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 REFUGEE ASSISTANCE PROGRAM MANUAL

 REFUGEE CASH ASSISTANCE PROGRAM

Counties **without NC Refugee Resettlement Agencies (Local Affiliate)**

The local DSS is responsible for obtaining a signed MRA and for developing both the Family Self-Sufficiency and Individual Employability Plans when a local affiliate is **not** located in that county or surrounding counties. **(Refer to Appendix B for listing)**

How to complete?

1. Complete and sign **DSS-6239A, Refugee Mutual Responsibility Agreement** (MRA).
2. Develop an **DSS-6232, Individualized Employability Plan** program service.
3. Complete a **DSS-6230, Family Self-Sufficiency Plan** addressing the employment.

EXAMPLE - NC Refugee Service Providers

Appendix B NORTH CAROLINA REFUGEE SERVICE PROVIDERS			
AGENCY	STREET ADDRESS & PHONE	COUNTIES SERVED	KEY SERVICES
Catholic Charities Diocese of Charlotte (USCCB) Charlotte	1129 South Church Street Charlotte, North Carolina 28203-4003 Phone: 704-370-3262 Fax: 704-370-3377	Cabarrus, Stanly, Mecklenburg, Union	Case Management, Employment, Interpretation and Translation, Social Adjustment Services, Information and Referral, Driver's Training

**External vs. Internal
Employment Referral**

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**RCA Employment Services
Exemptions**

1. Age 18, attending secondary, vocational school NOT attending an institution of higher education.
2. Adult age 65 or older
3. Caregiver for a child under 2
4. Ill or incapacitated
5. Caring for another ill or incapacitated family member
6. Cuban/Haitian Entrants without Work Authorization (Employment Authorization Document, EAD)

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Medical Assistance

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NCDHHS Policies and Manuals

Log in only in Search

Home Departmental Divisional How To Navigate DHHS Policies and Manuals

Home Divisional Social Services Refugee Assistance Policy/Manuals

Divisional

- Aging and Adult Services
- Child Development and Early Education
- Health Service Regulation
- Mental Health, Developmental Disabilities and Substance Abuse Services
- Health Benefits/NC Medicaid
- Public Health

Policy/Manual

Title

- [Chapter I: Refugee Assistance Background](#)
- [Chapter II: Refugee Medical Assistance Program](#)
- [Chapter III: Refugee Cash Assistance Program](#)
- [Chapter IV: Refugee Social Services](#)
- [Chapter V: Refugee Assistance Monitoring](#)
- [Refugee Appendices](#)

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Refugee Medical Assistance

RMA is a short-term medical assistance program available to eligible Refugee individuals (**ages 21 - 64**) or refugee couples that are not currently pregnant and/or not caretaker(s) of minor, dependent children individuals in order to stabilize their health shortly after arrival in the US.

First 8 months. New Arrivals ONLY!

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To be eligible for RMA an individual/couple must not be eligible for Medicaid and/or Medicare such as:

- Family & Children's Medicaid (MAF)
- Medicaid Infant Children (MIC)
- Medicaid for 19 & 20 (MAFNGN)
- Aged, Blind, Disabled Medicaid (MAABD)
- Pregnant Women's Medicaid (MPW)

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NC FAST - Systematic Process

 **New MAGI Application**

 **New Application** **VS.**

Key all Refugee clients applying for medical assistance in "New MAGI Application" FIRST!

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1 Modified Adjusted Gross Income (MAGI)

 **New MAGI Application**

12-month Medicaid Programs



If eligible for one of the above **STOP** and process the case using MAGI policy and procedures



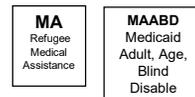
If the client is found eligible for Family Planning (FPP), **DENY** the case and evaluate for **TRADITIONAL** Medical Assistance.

2 Traditional Medicaid

 **New Application**

12 months or less 12-month Medicaid programs

Apply for Medical Assistance



Name changes to Refugee Medical Assistance (once application is disposed and approved)

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RMA Issues

BENEFITS ISSUED IN ERROR

1. Refugee families are place on RMA.
 - Parent(s) are on RMA and child(ren) on MAGI.
 - Split up categorically eligible for MAGI/Medicaid household.

2. Refugee indivial age 21-65 with appropriate Refugee status is approved for Family Planning (FPP) and were **NOT** denied FPP and reevaluated for RMA.

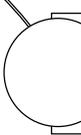
83

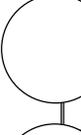
RMA Eligibility Guidelines

- ✓ Acceptable immigration status
- ✓ Acceptable documentation;
- ✓ New arrivals only; in county 8 months or less
- ✓ Live in North Carolina
- ✓ Evaluate each member of the family, individually.
- ✓ Parent's income and resources are not considered a countable income towards an individual eligibility determination.

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RMA Processing Requirement

- 

Refugee Status
Immigration documents for Refugee status are needed. **No Social Security Number/Card, NO problem. SSN AND SAVE (SYSTEM) CHECKS ARE NOT REQUIRED**
- 

State/County Residence
Accept applicant's statement
NO ADDITIONAL VERIFICATION NEEDED
- 

Income and Resources
What counts? Only earned income. Resources obtain in this country only. Income criteria – 200% of poverty level. **REFER TO RESOURCE EXCEPTIONS**
- 

30-Day Processing
The date of application is the day the application is signed by the applicant or acting representative. Must process in 30 days.

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Paper Application vs NCFAST

<p>MA-3215</p> <p>Family and Children's Medicaid</p>	<p>DSS-6242</p> <p><u>Refugee</u> <u>Medical</u> <u>Assistance</u> <u>Application</u></p>
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RMA Exception to Resource Requirements

1. Do not consider any resources remaining in the applicant's country of origin.
2. Base eligibility for RMA on applicant's income and resources at the time of application.
3. Do not consider sponsor's income and resources.

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RMA Notices

Approval Letter

DSS-8108 Notice of Benefits

DMA-5003 Medicaid Approval Notice
(Use for **MAGI** cases, not preferred for RMA)

Client Rights & Responsibilities

NCFAS-20009 North Carolina Rights & Responsibilities for Public Assistance

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Things to remember...

- ❑ Recipients of RCA do not automatically receive RMA.
- ❑ A refugee may apply for RMA and RCA independently.
- ❑ If RCA is terminated because of wages, the recipient's RMA benefits should not terminate.
- ❑ Processing MAGI (Medicaid) applications to determine eligibility prior to processing RMA will eliminate cases from being processed incorrectly.

Additional Questions

- **Submit Refugee Cash Assistance (RCA) and Refugee Medicaid Assistance (RMA) questions to RefugeeAssistance.Policy.Questions@dhhs.nc.gov.**
- **For Medicaid eligibility questions, please contact your [Medicaid Operational Support Team \(OST\) Representative](#).**
- **Submit questions regarding Food and Nutrition Services (FNS), Work First Cash Assistance (WF), Energy Assistance (EA) programs to the following email: DSS.Policy.Questions@dhhs.nc.gov**
- **Email questions regarding NC FAST: ncfasttraining@dhhs.nc.gov or ncfastsupport@dhhs.nc.gov**