

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

County Department of Social Services

Address: \_\_\_\_\_

**PART A - REFERRAL**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(name of refugee social services provider)

Address: \_\_\_\_\_

The individual listed below has applied for Refugee Cash Assistance (RCA) and is being referred to you for work registration. Please register the individual for Employment Services and return this form to us at the address listed above. We must receive your certification that the individual is registered in order to continue processing the application for assistance.

Name of Applicant: \_\_\_\_\_ Alien Number: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of DSS Representative

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
County Case

**PART B - CERTIFICATION**

This is to certify that the individual listed above was registered for Employment Services on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider Representative

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Client ID Number

**PART C - EMPLOYMENT/REFUSAL NOTICE**

This is to notify the above DSS that the above individual is employed with:  
\_\_\_\_\_ effective \_\_\_\_\_

This is to notify the above DSS that the above individual:  
 refused to participate in Employment Services on \_\_\_\_\_  
Date

refused to accept employment on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider Representative

\_\_\_\_\_  
Date

**PART D - TERMINATION/DENIAL NOTICE**

This is to notify the refugee social services provider that the above individual was terminated from RCA or denied RCA effective \_\_\_\_\_  
Date

Reason:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of DSS Representative

\_\_\_\_\_  
Date