

Refugee Cash Assistance Eligibility Monitoring Guide

_____ County

Instructions: Each question must be answered. "NA" may be used only if it is offered as an option. This form may be annotated with additional information regarding eligibility as necessary (use comments section or attach additional information). References to the NC Refugee Assistance Manual (RAP) and Work First Manual (WF) are in parentheses.

Payee's Name _____ Alien # _____

Co. Case # _____ Case ID # _____ Country of Origin _____

Most Recent Action Taken _____
 Payment Month Being Reviewed _____ Payment Amount \$ _____

Non-Financial Eligibility Number of Recipients Included in Case _____ Relationship _____

<p>1. Is the recipient(s) a qualified alien? (RAP Ch. I, II, & Ch. III,I) Immigration Status _____ _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Method of Verification <input type="checkbox"/> BCIS Papers <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Statement <input type="checkbox"/> Other</p>
<p>2. Is the recipient(s) eligible for any other cash assistance? (WFFA, SSI) (RAP Ch. III, II)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Reason _____ _____ _____</p>
<p>3. Has the recipient(s) been in the US, or had eligible status, less than 6 or 8 months? (RAP Ch. III, IV)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Date of Entry _____ 6th 8th month _____</p>

4. Is the recipient(s) a full-time student in an institution of higher education? (RAP Ch. III, II)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Does the recipient(s) receive Match Grant? (RAP Ch. III, III)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Did the recipient(s) voluntarily quit a job or refuse to apply for or accept an appropriate offer of employment or employment related training during the 30 days prior to applying for aid? (RAP Ch. III, II)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Does the recipient(s) live in North Carolina with the intent to remain? (RAP Ch. III, II)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Verification Signed statement in Record <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Was the recipient(s) resettled in NC by a local affiliate? (RAP Ch. I, IV, & Ch. III, III)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Agency _____
➤ Did you notify the local affiliate of the recipient's application for assistance and the disposition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred to DSS by local affiliate	
9. Has each adult who is required to do so, registered for work with an appropriate employment service? (RAP Ch. III, V, A)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Employment Service <u>County</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Refugee Agency</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Agency _____
➤ Is there an <i>Individualized Employability Plan</i> for each adult who is required to have one? (RAP Ch. III, V, D, & Appendix G)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>County Plan</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Signed <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Refugee Referral, DSS-5022</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Agency _____

<p>➤ Is there a <i>Family Self-Sufficiency Plan</i>? (RAP Ch. III, V, D, & Appendix H)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A</p>	<p><u>County Plan</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Signed <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>Refugee Referral, DSS-5022</u> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name of Agency _____</p>
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Financial Eligibility

<p>10. Are the recipient's resources under the asset limitation? (RAP Ch. III, II, WF 115)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> IEVS matches</p> <p><input type="checkbox"/> Statement</p> <p><input type="checkbox"/> Bank, etc. [other]</p>
<p>11. Is there any countable income for the case? (RAP Ch. III, II, WF 114)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Statement <input type="checkbox"/> Tax return</p> <p><input type="checkbox"/> Wage stubs <input type="checkbox"/> Other</p>
<p>12. Was the correct month's income used to calculate the review month's payment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	

Other

<p>13 Was the application processed within the 30-day limit? (RAP Ch. III, IIIB)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>14. Was an application for Food Stamp benefits taken the same day? (RAP Ch. III, III)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>➤ Does the recipient(s) receive Food Stamp benefits?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Conclusion

• Are all individuals included in the case eligible for Refugee Cash Assistance? Yes No

• If no, who is not eligible, and why? _____

• Is the payment amount correct for the review month? Yes No

• If the payment is not correct, why? _____

Comments and Corrective Action Needed:

Reviewer

Date