

Notification of *Refugee Arrival and Intent to Apply for Benefits

(The term "Refugee" refers to Refugees under Section 207, Asylees under Section 208, Cuban/Haitian Entrants, Certain Amerasians, Certified Trafficking Victims, and Iraqi/Afghani Special Immigrant Visa holders.)

1. DATE: _____
2. TO: _____ County Department of Social Services

3. FROM: _____

4. Please be advised that the following refugees* are being resettled in your county.

NAME	ALIEN #	DATE OF BIRTH	DATE OF ARRIVAL	NATIONALITY ETHNICITY	IMMIGRATION STATUS

5. Local Community contact is: _____

6. It is anticipated that this individual/family will be applying for the following public benefits as Qualified Aliens.

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> Food & Nutrition | <input type="checkbox"/> Refugee Cash Assistance | <input type="checkbox"/> MIC/NCHC |
| <input type="checkbox"/> Work First/TANF | <input type="checkbox"/> Refugee Medical Assistance | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> OTHER (specify) _____ | |

7. MATCHING GRANT PARTICIPANT? NO YES DATES: _____
 (if known)

AMOUNT: _____
 (if known)

If yes, this case has signed a Matching Grant Agreement that indicates that they agree not to access any other cash assistance programs (Work First or Refugee Cash Assistance) for the first four months in the USA. Please notify us if 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., please note that as refugees, these persons are eligible for refugee cash assistance (RCA) and medical assistance (RMA) for eight months from the date of arrival into the United States. Questions about these public benefit programs should be directed to your regional Medicaid or Work First Representative, or to the Refugee Benefits Coordinator at the NC State Refugee Office, Division of Social Services, DHHS, at (919) 334 -1254.

Instructions for the Notification of Refugee Arrival and Resettlement

The purpose of this form is to notify the local department of social services (DSS) of a refugee family's arrival and intent to apply for public benefits. The information provided should expedite the application process by assisting the local DSS in being better prepared to take the refugees' application. This form is to be completed by the refugee resettlement local affiliate or refugee service provider. The form is to be sent to the appropriate section of the DSS in the county where the refugee resides and the application for assistance is made.

1. **Date:** Fill in the date the form is completed.
2. **To:** In the first space fill in the name of the DSS contact person, if known, as well as the name of the local department of social services. In the lines underneath the "To" caption, fill in the address and the telephone number of the DSS.
3. **From:** In the first space provided, fill in the name of the Case Manager as well as name of the local affiliate (i.e. Catholic Social Services, World Relief, Lutheran Family Services, etc.). On the lines below that, add the address and telephone # of the agency.
4. In the lines provided here, include the name of the refugee, alien number, date of birth, date of arrival, nationality/ethnicity and immigration status. For example, Name: *John Doe*; Alien#: *71656000*; DOB: *8/12/52*; DOA: *10/31/2007*; Nationality/Ethnicity: *Somalian/Benadir*; Immigration Status: *Asylee*.
5. Type in the name and address of the local community contact person for this case. If it is a family reunification case, insert the name, relationship to case (such as brother, son) and the contact person's telephone number. If a church or other organization is the local support team, enter the name of the contact person, name of church or organization as well as the telephone # or #'s should the DSS need to get in contact with them. If the contact person will be difficult to reach by telephone, also include their mailing address. If as the local affiliate/provider you want all DSS communication to be directed to you, enter only the name, and omit the telephone number and address.
6. Place an "x" mark by any of the public benefit programs for which the refugee will most likely apply. If the exact program is not listed, write name of the program beside the word "other."
7. As indicated, mark the "Yes" block if the case is **currently enrolled** in the Match Grant program. Indicate the months that the Match Grant covers (March 2008 – June 2008) and the amount if possible. If not currently enrolled, check "No." However, if there is a strong likelihood that the case will be eligible for a Matching Grant, it is the local affiliate/provider's responsibility to instruct the applicant to decline either Work First (WFFA) or Refugee Cash Assistance (RCA), when offered. **By enrolling in either Work First or RCA, the option to participate in the Match Grant program is automatically forfeited.**