	County	RCA Case No	Date			
Refugee Cash Assistance (RCA) Application						
This application is used to collect the information needed to determine eligibility for Refugee Cash Assistance.						
(refer to Chapter I., s Immigration status fo (SQ or SI) Parole, A granted humanitariar Haitian Entrants, as (Act of 12/22/87); Vic or Iraqi nationals gran	ection III. for definitions, detailed informa r the following include; <b>Refugee</b> , admitte <b>fghan Special Immigrant (SI) Conditio</b> parole by the U.S. Department of Home defined under federal regulations (45 C stims of Human Trafficking who have to need a, by the U.S. Department of Home	ation, and acceptable docum ed under INA § 207; <b>Asylee</b> , <b>onal Permanent Residence</b> eland Security, under Operat FR § 401.2); <b>Amerasian</b> , inc been issued an ORR-certifica land Security for service to th	from a five-year band timeframe and potentially eligible for RCA ents regarding each ORR-eligible recipient groups). granted asylum under INA § 208; <b>Afghan Special Immigrant</b> <b>(CPR) and Afghan Humanitarian Parolees (AHP)</b> individuals ion Allies Refuge/Operation Allies Welcome. <b>Cuban and</b> dividual was fathered by a U.S. citizen under Public Law 100-202 ation letter; <b>Special Immigrant Visa (SIV) Holder</b> from Afghan ne U.S. government. <b>Ukrainian Humanitarian Parolee, and</b> onal Ukraine Supplemental Appropriations Act, 2022 (AUSAA).			
	nd/or household member wish to apply for a separate Refugee Medical Assistance ap		ce? YES NO			
	nd/or household member need help com e form DSS-10001, Language Services Agree		p during the interview process?			
Does the applicant and/or household member receive Match Grant? YES NO If YES, do not proceed with this application! This applicant is NOT eligible for Refugee Cash Assistance. However, the applicant is still eligible for Refugee Medical Assistance provided the individual is still within the first twelve months from the date of arrival (entry) and/or date of eligibility (into the United States) timeframe.						
	PROGRAM SCREENING (ALL A	NSWERS MUST BE YES	TO BE POTENTIALLY ELIGIBLE.)			
Yes No	Does the applicant and household memb	per's immigration status meet	the definition of 'refugee' as identified above?			
🗌 Yes 🗌 No			ANF (Work First - WF), Supplemental Security Income (SSI), Old nd Totally Disabled (APTD), and Aid to the Blind and Disabled			
Yes No	Income (SSI) make an agency referral to	nember who is <b>65 years of ag</b> o Social Security Administratio ee applicant is approved for S es first. n this date:	nger? If yes continue with application. <b>e or older</b> and would meet criteria for the Supplemental Security n. The SSI approval process is typically a lengthy one, the State SI (refer this client to apply for SSI), or until the 12-month RCA			
Primary Applicant Na	me:		Telephone Number:			
Address:						
Mailing Address (if di	fferent from above):					
NC Refugee Resettlement Agency (if applicable):						
THE FORM	S BELOW MUST BE ATTACHED W	/ITH THIS REFUGEE CA	SH ASSISTANCE APPLICATION, IF APPLICABLE.			
Form DSS-6247 Agency.	(Notice of Intent to Apply for Benefits) give	en to the local DSS. Only appli	cable if the refugee applicant is working with a NC Resettlement			

Form DSS-10001 (Language Services Agreement) provided by the local DSS and signed by the applicant.

Form DSS-6236 (Informed Consent for Release of Information) provided by the local DSS and signed by the applicant. Only applicable if the applicant and/or household member authorized a NC Refugee Resettlement Agency and/or a NC Refugee Service Provider to speak/apply for Refugee Cash Assistance (RCA) on the applicant's behalf.

The Department of Health and Human Services complies with Federal and State laws, which restrict the use and disclosure of information concerning applicants and recipients of public assistance and comply with applicable provisions of the Social Security Act concerning confidentiality. The Department of Health and Human Services does not discriminate against any person on the basis of race, color, national origin, sex, religion, age, political beliefs, or disability.

PRIMARY APPLICANT

1	Name (First)		Name (Last)		Name (Middle)	Gender	Date of Birth
Individual/Single     Couple/Married     Couple/Married     Married     Couple/Married     Couple/Marri		I Immigrant Visa (SIV) Holder from Iraq or Afghanistan Amerasians igrant Parole SQ/SI Afghan Humanitarian Parolees Residence Parole Afghan Special Immigrant (SI) Conditional Permanent Residence (CPR) an Parole or Non-Ukrainian trant Victim of Human Trafficking (certification letter) ( <i>Found on the Granted Asylum letter</i> )					
Immigration Document(s) Viewed:			Alien Number: (Typically, a 9-digit number n Passport or VISA				

## SECOND APPLICANT

2	Name (First)		Name (Last)		Name (Middle)	Gender	Date of Birth
Individual/Single     Couple/Married     Coupl		Il Immigrant Visa (SIV) Holder from Iraq or Afghanistan Amerasians nigrant Parole SQ/SI Afghan Humanitarian Parolees Residence n Parole Afghan Special Immigrant (SI) Conditional Permanent Residence (CPR) an Parole or Non-Ukrainian trant Victim of Human Trafficking (certification letter) e (Found on the Granted Asylum letter)					
Immigration Document(s) Viewed:         I-94       USCIS Travel Documents         Other:			Alien Number: (Typically, a 9-digit number no Passport or VISA i	ot a Social Security,	Full-time Student: (In an Intuition of Higher Learning) Yes, Where No		

EARNED INCOME						
(Refer to the SRO Program Manual Chapter III. Section III; Application Process Section; C. Processing Requirements)						
Does applicant or household member have income from	working? Yes	No If yes, complete the following:				
1. Applicant Name: Start Date: Rate of Pay:						
Employer Name:						
Employer Address:	Employer Address: Telephone Number:					
Supervisor/Manager Name: Work Schedule/Hrs. per Week:						
2. Applicant Name:	Start Date:	Rate of Pay:				
Employer Name:						
Employer Address:	Employer Address: Telephone Number:					
Supervisor/Manager Name:	Supervisor/Manager Name: Work Schedule/Hrs. per Week:					
PAY RECEIVED THIS MONTH (MONTH OF APPLICATION ONLY)						
Applicant	Date	Gross Amount				

Additional Services					
Check (✓) that each of the following was explained and the applicable notice/form/service provided to applicant.					
Service(s) Explained You must select only ONE for Employment Services (Question 1 or 2).	Referral Yes No				
1. Employment Services with a NC Refugee Service Provider     Is the approved RCA recipient(s) working with a NC Refugee Service Provider, that will be prov     employment services?	iding				
If yes, the local DSS will complete a Part A. of the referral form, DSS-5022 Refugee Registratio Employment/Refusal and Termination/Denial Notice upon approval of this application.	n Certification,				
2. Employment Services with the Local DSS Employment Services Section Is the approved RCA recipient(s) working with a NC Refugee Service Provider, that will be prove employment services?	iding				
If no, the Local DSS Employment Services section is responsible for providing employment services approved RCA recipient is being referred to the local DSS Employment Services at County Department of Social Services.	vices. The				
Supplemental Security Income (SSI) - Federal income supplement program designed to help a blind, and disabled people, who have little or no income. Referred this recipient to apply for SSI					
Food and Nutrition Services (FNS) - Eligibility for the Food Stamp Program is based on certain     non-financial and financial requirements. Referred this recipient to be evaluated for expedited services.					
Check (✓) that each of the following was explained and the applicable notice/form provided to ☐ Form NC FAST-20009 (Rights and Responsibilities)	o applicant.				
I,, understand that by signing this form, (applicant printed name)	I am stating that:				
<ul> <li>I understand the penalties for giving false information, and I have told the truth on this form.</li> <li>I know my rights and what I must do to get assistance.</li> <li>I agree to give information about what I have said.</li> <li>I agree to report changes to the social services agency.</li> <li>I agree to let the social services agency obtain proof of what I have said from any person or another agency.</li> <li>I know the social services agency keeps private anything said about my situation.</li> <li>I will not access the cash assistance on my EBT card in any liquor store, gambling or gaming establishment or any establishment that provides adult oriented entertainment.</li> <li>I know if I do not sign this form, I will not get assistance.</li> </ul>					
Applicant Signature:	Date:				
Witness Signature: (If signed with an "X")	Date:				
Authorized Agency (Referenced on DSS-6236):					
Authorized Agency Representative Print Name:					
Authorized Agency Representative Signature:					
Interviewer Signature:	Date:				
Interpreter Signature:	Date:				