

Notification of Refugee Arrival and Intent to Apply for Benefits

The term "Refugee" refers to Refugees under Section 207, Asylees (granted Asylum) under Section 208, Cuban/Haitian Entrants, Certain Amerasians, Certified Victim of Trafficking, Iraqi/Afghan Special Immigrant Visa (SIV) Holders, Afghan population, individuals with Afghan SI/SQ Parole, Afghan Special Immigrant (SI) Conditional Permanent Residence (CPR) and/or Afghan humanitarian parolees (AHP) admitted to the United States on or after July 31, 2021. Ukrainian Humanitarian Parolee, and other Non-Ukrainian individual displaced from Ukraine as of May 21, 2022, the Additional Ukraine Supplemental Appropriations Act, 2022 (AUSAA)

1. Date: _____
2. To: _____ County Department of Social Services
Address: _____
Phone Number: _____ Fax Number: _____
3. From: _____ Email: _____
Address: _____
Case Manager Name: _____ Telephone Number: _____
4. Is this agency responsible for Employment Services? EXEMPT *please refer to Chapter III exemption section of the State Refugee Office Manual*
 NO. If no, name of referring agency: _____ YES. If yes, Employment Worker's
Name: _____ Email: _____ Number: _____
5. Please be advised that the following individual is being resettled in your county. ATTACH ADDITIONAL SHEET IF NEEDED.

1	NAME AND RELATIONSHIP	ALIEN NUMBER	DATE OF BIRTH	DATE OF ARRIVAL	*DATE OF ELIGIBILITY	NATIONALITY	IMMIGRATION STATUS
2							
3							
4							
5							

6. It is anticipated this individual/couple/family will be applying for the following public benefits:

<input type="checkbox"/> Food & Nutrition Services	<input type="checkbox"/> Refugee Cash Assistance (RCA)
<input type="checkbox"/> Work First/TANF	<input type="checkbox"/> Refugee Medical Assistance (RMA)
<input type="checkbox"/> OTHER (specify) _____	
<input type="checkbox"/> Medicaid (Pregnant Women MPW ; Aged, Blind and Disabled MABD ; Families and Children MFC ; Infant and Children MIC ; Medicaid 19 & 20 MGN)	
7. Do the individual(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 _____
8. Name of any applicant who is currently pregnant: _____
9. 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 _____
10. Match Grant Participant? NO **YES, Name of individual(s) _____
BEGIN DATE: _____ END DATE: _____ (if known) AMOUNT: \$ _____ (if known)

**By enrolling in Work First or RCA, the option to participate in the Match Grant program is forfeited, automatically.
Federal law prohibits participation in both simultaneously.

Instructions for Notification of Refugee Arrival and Intent to Apply for Benefits (DSS-6247)

The purpose of this form is to notify the local department of social services (DSS) of a refugee individual and/or family's arrival and intent to apply for public assistance 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 a refugee resettlement agency (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.

Each section MUST be completed in its entirety.

1. **Date:** Enter the date the form is completed.
2. **To:** Indicate the county where the applicant resides. Also, enter the address and telephone number of the county DSS.
3. **From:** Enter the name of the local affiliate (i.e. Catholic Charities, World Relief, Lutheran Services Carolinas, USCRI, etc.), along with the email address, address and telephone number. Enter the Case Manager's name and contact number where instructed.
4. **Employment Service Responsibilities:** The Employment Specialist is to place an "X" by the appropriate answer choice. If the local affiliate answer is "Yes", then enter the Employment Worker's name, telephone number, and email. If the answer is "No," then the local DSS Employment Services Department will be responsible for providing employment services. If "EXEMPT" is checked, the individual applying for Refugee Cash Assistance (RCA) meets one of the specified exemptions to the work requirement for RCA.
5. **Individual Applicant Information: This information may be found on the applicant immigration documentation.** Enter the name, alien number, date of birth, date of arrival, date of eligibility, nationality, and immigration status for each applicant. For example, Name: *John Doe*; Alien Number: *123456879*; Date of Birth: *8/12/1952*; Date of Arrival (Entry): *10-1-20XX*; Date of Eligibility: *12-1-20XX*; Nationality: *Burmese*; Immigration Status: *Refugee*.

* Note: The eligibility date of Afghan Supplemental Appropriations Act (ASA)-eligible populations (SIV holders, SI/SQ Parole, AHP) is October 1, 2021 (if the individual entered the community between July 31, 2021, and September 30, 2021), or the date of entry into the community (for example, the date an Afghan parolee departs an Operation Allies Refuge/Operation Allies Welcome (OAR/OAW) Safe Haven), whichever is later.

* Note Ukrainian Humanitarian Parolee, and other Non-Ukrainian individual displaced from Ukraine as of May 21, 2022, the Additional Ukraine Supplemental Appropriations Act, 2022 (AUSAA).
6. **Public Assistance:** Place an "X" by all applicable public benefit programs for which the refugee will apply for. If the exact program is not listed, write name of the program beside the word "other."
7. **Social Security Number:** Place an "X" by the appropriate answer choices.
8. **Pregnancy:** Provide the name of any member of the household who is currently pregnant, if applicable.
9. **Age:** Provide the name of any member of the household, who is 65 years of age or older, if applicable, and place an "X" by the appropriate answer choice.
10. **Match Grant:** 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 (January 20XX – August 20XX) and the amount if possible. If not currently enrolled, check "NO." Only one selection must be chosen.

If the individual is a Matching Grant recipient, it is the local affiliate/provider's responsibility to instruct the applicant to decline Work First (WFCA) and Refugee Cash Assistance (RCA). **By enrolling in Work First or RCA, the option to participate in the Match Grant program is forfeited, automatically.** Federal law prohibits participation in both simultaneously.

Note for local DSS.

Individuals with Refugees immigration status are eligible for Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) for twelve (12) months from the date of arrival into the United States. Questions about mainstream (TANF, Medicaid, SSI) public benefit programs should be directed to your Continuous Quality Improvement Specialist, or to the Refugee public benefits email refugeeassistance.policy.questions@dhhs.nc.gov.