**Bureau of Refugee Programs (BRP) Participation Agreement**

**Information about this form:** This form is required for any individual (referred to as the participant) enrolled in a Bureau of Refugee Programs (BRP)-funded program (referred to as the program) in the state of Wisconsin. The purpose of this form is to confirm the participant’s acknowledgement of program enrollment, including documentation of the use of an interpreter, if applicable. The participant must complete and sign the form at the time of initial enrollment, and a representative of the agency administering the BRP-funded program (referred to as the agency) must then sign and upload a copy of the form into the Wisconsin Refugee Programs Database (WRPD) within ten (10) calendar days of the first program enrollment. Note that this form covers enrollment into any program(s) administered by the listed agency, even if those enrollments do not all take place on the signature date below. A copy of this form may be given to the participant, and must be uploaded into WRPD as described above.

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| **PARTICIPANT INFORMATION** | | | |
| Name | | | |
| **BRP PROGRAM AND AGENCY INFORMATION** | | | |
| Agency Name | | | |
| **BRP PROGRAM OF ENROLLMENT** | | | |
| Check all programs administered by the agency listed above, one or more of which the participant may be enrolled in on or after the signature date below. | | | |
| Refugee Support Services-Employment & Employability (RSS-E&E)  RSS English as a Second Language (RSS-ESL)  RSS Other Services (RSS-OS)  Refugee Career Development Services (RCDS)  Ukrainian Refugee Support Services (URSS)  Afghan Refugee Support Services (ARSS)  Services to Older Refugees (SOR)  Refugee Mental Health Initiative (ReMHI) | Refugee Health Promotion (RHP)  Afghan Refugee Health Promotion (ARHP)  Ukrainian Refugee Health Promotion (URHP)  Refugee Medical Screening (RMS)  Refugee School Impact (RSI)  Afghan Refugee School Impact (ARSI)  Ukrainian Refugee School Impact (URSI)  Refugee Youth Mentoring (RYM) | | |
| **PROGRAM DESCRIPTIONS** | | | |
| Before the participant signs this form, discuss the scope of the program(s) in which they may be enrolled. | | | |
| **Refugee Support Services-Employment & Employability (RSS-E&E):**  This program provides services that support employment. A participant who is receiving cash assistance may be required to participate in E&E services. E&E participants must report when they get a job. | | | |
| **Refugee Support Services-English as a Second Language (RSS-ESL):**  This program provides English language instruction. A participant who is receiving cash assistance (Wisconsin Works or Refugee Cash Assistance) may be required to participate in ESL services. | | | |
| **Refugee Support Services-Other Services (RSS-OS):**  OS programs can provide services that address barriers to self-sufficiency, improved well-being, or community integration by supporting social adjustment, health and wellness, access to public programs and resources, and citizenship.  **Services to Older Refugees (SOR):**  SOR programs provide services to participants aged 60 and above, to provide activities related to self-sufficiency including socialization, case management, transportation, citizenship-assistance services, and other services.  **Refugee Career Development Services (RCDS):**  RCDS provides services that support employment, with an emphasis on longer-term career advancement goals. | | | |
| **Refugee Mental Health Initiative (ReMHI):**  This program provides services that promote the physical, emotional, mental, and behavioral health and well-being of the participant. | | | |
| **PROGRAM DESCRIPTIONS (continued)** | | | |
| **Afghan Refugee Support Services/Ukrainian Refugee Support Services (ARSS/URSS):**  The ARSS and URSS programs provide services that support housing, food and employment needs, legal assistance, and other services that may reduce barriers to self-sufficiency. A participant who is receiving cash assistance may be required to participate in ARSS or URSS services. ARSS and URSS participants must report when they begin employment. | | | |
| **Refugee Health Promotion/Afghan/Ukrainian Refugee Health Promotion (RHP/ARHP/URHP):**  RHP programs provide health outreach and health education to the participant and may also include case management for a participant with complex medical needs. | | | |
| **Refugee Medical Screening (RMS):**  This program provides services to ensure coordination of required medical screenings, including transportation, interpretation, and translation assistance. | | | |
| **Refugee School Impact/Afghan/Ukrainian School Impact (RSI/ARSI/URSI):**  These programs provide services that help with the integration and education of eligible youth into schools, including support for improved academic performance, social adjustment assistance, and school-related support for families. | | | |
| **Refugee Youth Mentoring/Afghan/Ukrainian Youth Mentoring (RYM/ARYM/URYM):**  These programs provide services that support individual educational and vocational advancement by connecting eligible youth to supportive community members. | | | |
| **PARTICIPANT ATTESTATION OF UNDERSTANDING** | | | |
| To be reviewed by the participant and an interpreter (if one is employed) after discussing the Program Scope (above) for the program(s) in which the participant is being enrolled. | | | |
| I understand that I am enrolling in the program(s) designated on this form, which provide(s) services that are administered by BRP and paid for by federal funds from the Office of Refugee Resettlement (ORR), through the agency named above. The services are limited to that program’s description, referenced above, and described in greater detail in the BRP Programs and Policy Manual.  The program(s) does not provide cash assistance, but rather is intended to help me achieve goals related to the specific goals of the program (such as find a job or learn English). I understand that federally funded programs may have specific expectations such as reporting to the agency when I start working, or participating in the program as a condition of my receipt of cash assistance in another program.  To fulfill the requirements of the program(s), I understand that it is my responsibility to routinely communicate with the agency staff/representative, especially if I have questions. I understand that these programs are described in detail in the Programs and Policy Manual which can be found at <https://dcf.wisconsin.gov/refugee>. | | | |
| **My signature below indicates that I (the participant) have received a copy of this form, its contents have been discussed with me in a language that I understand, and I have read the attestation above.** | | | |
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| **SIGNATURE** – Participant | |  | Date Signed |
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| **SIGNATURE** – Interpreter (if applicable) | |  | Date Signed |
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| **SIGNATURE** – Agency / Staff Representative | |  | Date Signed |
|  | |  |  |
| **SIGNATURE** – Parent / Guardian (if participant is under 18) | |  | Date Signed |