**Refugee Cash Assistance (RCA)**

**Rules, Rights, and Responsibilities Agreement**

This form must be completed during the initial RCA appointment, which must take place no later than five working days after the date the agency listed below receives the W-2 and Related Programs Registration (DCF Form 14880). Personal information provided may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Worker** | | | |
| Worker Name | | | Telephone Number |
| Worker County | Worker Agency | | |
| **Case** | | | |
| Case Name | CARES Case Number | Date of Enrollment Appointment | |
| **RCA Recipient** | | | |
| Name | | | Telephone Number |
| Address | | | |

Refugee Cash Assistance (RCA) is temporary help while you look for a job. If you receive RCA, your signature below indicates that you understand and have agreed to the following terms:

**RCA Rules & Responsibilities:**

1. **REPORT CHANGES:** RCA recipients must report any changes in their circumstances to their W-2 case manager (“FEP”) within 10 calendar days of the change. Changes that must be reported include:
   1. Changes in income (due to job entry, receipt of any other cash benefits, or other income)
   2. Changes in immigration status
   3. Enrollment in full-time, higher education (i.e. post-high school)
   4. Changes to address or phone number
   5. Changes to exemption status (pregnancy, SSI/SSDI approval, work authorization)
2. **ATTEND APPOINTMENTS:** RCA recipients must attend the following appointments with their W-2 FEP:
   1. Initial enrollment appointment (presently, taking place at the time of completing this form)
   2. 30-day follow-up appointment (28-35 calendar days after the initial enrollment appointment)
   3. Six Month Eligibility Review (no later than six months after the initial enrollment appointment)
3. **PARTICIPATE IN ASSIGNED ACTIVITIES:** RCA recipients must participate in the activities assigned at the end of this form.
4. **ACCEPT JOB OFFERS:** RCA recipients must accept reasonable job offers, attend interviews arranged by W-2 agency staff, and may not quit a job without good cause.
5. **APPLY FOR SSI:** RCA recipients who claim a medical or other condition that makes it difficult or impossible to work must apply for Supplemental Security Income (SSI).
6. **PROVIDE TRUE INFORMATION:** RCA recipients must provide truthful information related to case processing, as requested, within 7 working days of the request.

When RCA recipients do not follow the rules above, a worker at the agency cited above may decide to sanction the case. Sanctions in the RCA program mean stopping or reducing payments for a specific period of time, for one month at a time. The worker may determine the following month whether the reason for the sanction has been resolved, or whether another month of sanctioning must be applied. Note that if an RCA recipient does not attend a particular appointment, they will not be sanctioned for not attending the appointment, but the worker will use the best available evidence to determine whether the RCA recipient continues to be eligible to receive RCA payments, and less information is available to the worker if an RCA recipient does not attend the appointment. If any information reported or otherwise discovered by the RCA worker leads the worker to determine that the case is not eligible to receive RCA, the case may be closed.

**RCA Recipient Rights:**

RCA recipients have the right to reasonable employment or reasonable assigned employment activities. This means employment or assigned activities that they are capable of performing on a regular basis. They have a right to employment that requires a commuting time to and from home that does not normally exceed two hours (not including the transporting of a child to and from a child care facility). They have the right to assignments that are safe and not in violation of local health standards. RCA recipients have the right to employment or assigned activities that are in not discriminatory. They have the right to wages that meet or exceed minimum wage, and should not be a wage that is less than what is normally paid for similar work. They have the right to daily and weekly hours of work that do not exceed those that are normal for similar work. They have the right to refuse employment if it is vacant due to strike or other disputes, or if the work is contrary to a union agreement to which the RCA recipient is a member. RCA recipients have the right to appeal any adverse decision made about their case, by first contacting a worker at the agency listed above, and then requesting a Fair Hearing if the dispute cannot otherwise be resolved.

**Assigned Employment-Related Activities:**

Worker Note: Assigning employment-related activities requires the RCA FEP to either view a completed Family Self-Sufficiency Plan (FSSP) from a Bureau of Refugee Programs (BRP)-funded agency administering either the Refugee Support Services Employment & Employability (RSS-E&E) or Refugee Career Development Services (RCDS); or, to download and manually complete the DCF-F-FSSP Paper Version. In either instance, the activities assigned below must align with the employment-related goals specified in that FSSP and must be uploaded into ECF. If a referral cannot be completed at the time of the Initial Enrollment Appointment, document the reason in CWW case comments and complete the form as soon as possible and include a follow-up case comment.

|  |  |
| --- | --- |
| **Agency Referral:** | **Mode of Referral:** |
| e.g., ABC Resettlement Agency | e.g., spoke with caseworker at ABC Resettlement Agency on the phone to confirm co-enrollment in RSS Employment & Employability Services |
|  |  |
|  |  |

My signature below indicates that I understand my rights and responsibilities in the RCA program, including my responsibility to participate in the above assigned employment-related activities. These rights and responsibilities have been explained to me in a language I understand, either in writing or verbally by an interpreter.

|  |  |  |
| --- | --- | --- |
| **Signatures** | | |
| Applicant / Participant Signature | | Date Applicant / Participant Signed |
| Other Adult RCA Group Member Signature | | Date Other Adult Signed |
| Interpreter Signature, if applicable | | Date Interpreter Signed |
| RCA Eligibility Period  From       to | Maximum Monthly Payment Amount  $ | |