

## Refugee Cash Assistance Eligibility

### Notice of Decision

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes.]

Current Worker	Worker Number	County	Region (if applicable)
Case Name	Case Number	Phone Number (     )	
Date of Notice			

Job Seeker Name and Address

This notice is to inform you that your application for Refugee Cash Assistance (RCA) and/or Refugee Medical Assistance (RMA) has been reviewed and you have been determined eligible for the following:

Refugee Cash Assistance (RCA)

We have reviewed your application for Refugee Cash Assistance and found you to be eligible for an initial benefit amount of \$ \_\_\_\_\_ for the period \_\_\_\_/\_\_\_\_/\_\_\_\_ (Filing date through End of Month). You will remain eligible for an ongoing benefit amount of \$ \_\_\_\_\_ based upon the assistance group size of \_\_\_\_\_. Please be advised that your eligibility may end due to eligibility for other programs of assistance, income, failure to participate in employment program activities, failure to accept a job offer, or reaching 8 months from the date of entry. If you reach the 8-month time limit, your last benefit will be prorated.

Refugee Medical Assistance (RMA)

We have reviewed your application for Refugee Medical Assistance and found you eligible for the period \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_. Please be advised that eligibility for other medical programs of assistance should be applied for prior to reaching 8 months from your date of entry to prevent a lack of medical coverage.

Please direct any questions regarding your RCA and/or RMA to your worker listed above. If you think this decision is wrong, call your worker for an explanation at the number listed above.

You must notify your worker of any changes such as employment or change of residence within 10 days. Failure to do so may result in negative decision taken on your case.

If you will need a language translator, sign language interpreter or other accommodation for a disability, please contact your worker.

**Appeal Rights:** You have a right to appeal an agency decision. If you think an agency decision is wrong, call your worker for an explanation. Also, you can ask for a Fair Hearing if you think the decision is wrong. The directions for requesting a Fair Hearing can be obtained from your worker, or you may send a written request with your name, address, phone number, social security number and reason for the appeal to: Division of Hearings and Appeals, PO Box 7875, Madison WI 53707-7875. If you request a Fair Hearing before the effective date of an action, benefits will be continued until the final decision is made. Benefits will not continue beyond the 8-month eligibility period. If the Fair Hearing confirms that you are not eligible for benefits, you will have to pay back the benefits you receive in error. You must send a request for a Fair Hearing within 45 days of the date of notice or the Hearing Examiner will not consider the request.