

Refugee Cash Assistance Ineligibility

Notice of Decision

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

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 **ineligible** due the following reasons:

RCA

- Your income of \$ _____ exceeds the maximum limits.
- You have been in the United States more than **8 months**.
- You have been determined eligible for W-2 or SSI benefits and will receive financial assistance through that program.
- You are participating in the Refugee Match Grant Program and will not be eligible for RCA before _____/_____/_____, 4 months after date of entry. You may apply for RCA after this date.
- You refused an offer of employment within 30 days prior to application.
- Other _____

RMA

- Your income of \$ _____ exceeds the maximum income limits by \$ _____ per month.
If you incur six times this amount or \$ _____ in medical bills, you may become eligible.
- You have been in the United States more than **8 months**.
- You have been found eligible for regular medical assistance or BadgerCare and will receive health coverage through that program. If you lose eligibility for that program before _____/_____/_____, contact your worker regarding RMA benefits.
- Other _____

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 action taken on your case.

If you 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 continue 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.