

Refugee Cash Assistance Work Programs

Notice of Referral

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 serves to inform you that you have been referred to participate in a Work Program as part of your Refugee Cash Assistance (RCA) case.

The goal of Work Program participation is to assist you in gaining employment. It is important to keep all appointments with the Work Program Agency. Failing to participate in assigned activities will result in a delay or loss of benefits. The Rights and Responsibilities of Work Program participants are explained at the time of enrollment.

There are several different work programs you may be scheduled to attend and they are not limited to Refugee Employment and Training provided by your Voluntary Agency worker or worker in Mutual Assistance Association, Workforce Investment Act (WIA) or FoodShare Employment and Training (FSET). Some of these programs are voluntary, but in order to maintain your eligibility for RCA, you must participate in one scheduled for you.

Your appointment is with:

Worker Name	Worker Number	Date
Time	Location	

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.