

## Refugee Cash Assistance Sanctions

### 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 serves to inform you that your Refugee Cash Assistance (RCA) benefits will end effective \_\_\_\_/\_\_\_\_/\_\_\_\_ due to:

- You have refused an offer of employment without good cause. You will be ineligible for cash benefits for a period of 3 months from the effective date of this action.
- You have refused to participate in employment services without good cause. You will be ineligible for cash benefits for a period of 3 months from the effective date of this action.
- You may reapply for RCA benefits on \_\_\_\_\_.
- You will not be eligible to reapply for RCA benefits since the period of this sanction extends beyond the 8-month period of eligibility for Refugee Cash Assistance.
- Your final RCA benefit will be in the amount of \$ \_\_\_\_\_ for the period \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_.
- 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.