

## REFUGEE CASH ASSISTANCE (RCA) PARTICIPATION AGREEMENT

Personal information you provide may be shared with others only for the purpose(s) of administration of the Refugee Cash Assistance (RCA) program and other related programs. See the Addendum to W-2 Application (DWSP-2378-1) for more information.

**I understand that Refugee Cash Assistance (RCA) is temporary help while I look for a job. Refugee Employment Services may help me find and keep a job to meet my responsibilities. If I receive RCA, I agree to the following:**

### WORK RULES

- My goal is to find and keep a job that is within my capabilities. If I am able to work, I will look for and accept a job. If I am currently unable to work, I will participate in services which will help me become more self-reliant. I may not be eligible for RCA if I refuse to take a job or quit a job without a good reason.
- I understand that I must participate in all activities that have been discussed and assigned on my Employability Plan (EP). As an RCA recipient, I must accept temporary, permanent, full time or seasonal employment and participate in program assignments.
- I will not be placed in work or training assignments which I am unable to do. I must tell my FEP immediately if I cannot do the activities assigned on my EP if I have a medical reason, I have to go to court or any other reason. If I have a medical condition that affects my ability to work, I may be asked to participate in a medical exam or other type of assessment to determine if special services or accommodations are needed. If I claim that the assigned work or training will affect my physical or mental health, I will be required to submit written verification of the condition from an approved medical provider, so that services can be designed to meet my needs.
- I will meet with a Financial and Employment Planner (FEP) and Refugee Employment case manager on assigned appointments. I understand that I will be assigned preparation activities within my capabilities and responsibilities, as indicated in the attached Employability Plan.
- If I am unable to work because I am over age 64, or am disabled, I will apply for Supplemental Security Income and will participate in any medical evaluations necessary to prove the disability.
- I understand that RCA work assignments will:
  - ◇ meet all relevant federal and state labor laws and rules;
  - ◇ meet all federal, state and local health and safety standards and be free of discrimination;
  - ◇ not require me to give up any labor or union rights; and
  - ◇ not replace a worker who is on strike, lockout, or involved in another bona fide labor dispute.

### RESPONSIBILITIES

I must keep all appointments with my RCA worker and employment specialist and complete all other assigned activities. I must explain why if I cannot keep the appointments and complete the assigned activities.

- I understand that if I refuse to participate and good cause is not found, a sanction process will be used by the W-2 agency to suspend or terminate my RCA payments.
- I will give proof of information needed within seven (7) working days of being asked. I will report changes in income, assets, and family structure within 10 days of any change. I must also notify my FEP of any change

in my mailing address or phone. I must also notify my FEP about any problems receiving my mail so communication problems can be minimized. (If you are receiving any other benefits, you should notify your Economic Support Specialist of all changes).

- I understand that giving false information, or hiding information about my identity or residence to get or continue multiple benefits, can result in criminal persecution. I understand I must repay any benefits I receive because I gave false information.
- If I receive a RCA payment in error, I must pay it back.

**TIME LIMITS**

- I understand that RCA payments are available for no more than 8 months from my date of entry into the United States. However, most refugees are able to gain employment and end their reliance on RCA in less than eight months.

**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.

**CIVIL RIGHTS**

You have a right to an interpreter without cost to you. Civil rights laws require that no otherwise qualified person shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, religion, sex, disability or age. In addition, FoodShare applicants and recipients may not be discriminated against on the basis of political beliefs. If you have a disability, you have the right to request a sign language interpreter, materials in alternate formats or other accommodations. You have a right to request an interpreter if you do not speak English. You have the right to physical accessibility to services.

If I feel that I am a person with a disability and will need assistance due to my disability while participating in the RCA program, I will talk to my FEP about it.

Applicant/Participant Signature	Date Applicant/Participant Signed
Other Adult RCA Group Member Signature	Date Other Adult Signed

RETAIN COMPLETED FORM IN CASE RECORD