**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 Name      | Telephone Number      |
| Worker County      | Worker Region (if applicable)      |
| **Case** |
| Case Name      | Case Number      | Date of Notice of Decision      |
| **Job Seeker** |
| Job Seeker Name      | Telephone Number      |
| Job Seeker Address      |
| **Eligibility** |
| 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: |
| [ ]  Eligible [ ]  N/A **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 12 months from the date of entry to the country. If you reach the 12-month time limit, your last benefit will be prorated. |
| [ ]  Eligible [ ]  N/A **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 12 months from your date of entry to the country to prevent a lack of medical coverage. |
| **Important Information** |
| * 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 of the change. 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 any change, benefits will be continued until the final decision is made. Benefits will not continue beyond the 12-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 of decision, or the Hearing Examiner will not consider the request. |