Texas Health and Human Services Commission

Refugee Cash Assistance Employment Services Contractor Referral

Form H1844
January 2000

TO: Refugee Contractor	**FROM:** Advisor	Mail Code
Address	Address	

Case Name	Case No.	Date Certified
Client Name	Telephone No.	Date of Birth
Address (Street or P.O. Box, City, State, ZIP)		

SECTION I – ADVISOR COMPLETES THIS SECTION

☐ **INITIAL REFERRAL** **This registrant must participate in the Job Search Program offered by your agency in order to be eligible for RCA. Please assign him/her first priority for services and monitor his/her compliance with the Employment Plan.**

☐ **SECOND REFERRAL** **Good cause was determined on** _____ **. Please reinstate job search services immediately.**

☐ **SUPPLEMENTAL INFORMATION**

☐ Client Denied Effective: _____ ☐ Client Exempt from Registration Effective: _____

☐ Client Moved to New Address: _____

Comments: _____

_____

_____ Signature – Advisor _____ Date

SECTION II – CONTRACTOR COMPLETES THIS SECTION

☐ **The client is unable to work because:** _____

_____

☐ **Job Placement**

Employer's Name	Employer's Address	
Employer's Telephone No.	Date Hired	Approximate Salary

☐ **Noncompliance**

☐ Client Missed Two Interview Appointments ☐ Client Failed to Provide Supplemental Information

☐ Client Failed to Accept Employment or Training ☐ Other: _____

Explanation of Noncompliance: _____

_____

Comments: _____

_____

_____ Signature – Contractor _____ Date