

Refugee Cash Assistance Employment Services Referral

| | | | |
|--|--------------------|-----------|-----------------------------|
| Client Name | | Alien No. | Date of Birth |
| RCA Enrollment Date | Language(s) Spoken | | Area Code and Telephone No. |
| Address (Street or P.O. Box, City, State, ZIP) | | | |

Section 1 – Completed by Refugee Cash Assistance Contractor

- Initial Referral** – This registrant must enroll and begin participating in Refugee Social Service (RSS) Employment Services within 30 days of enrollment in the Refugee Cash Assistance (RCA) Program in order to continue to receive RCA assistance. Classify this participant as **Priority 1** and monitor compliance with the Employment Services Plan. If this client is exempt from the employment requirement but wishes to be voluntarily referred for employment services, please explain in the comment space provided.

Comments: _____

Signature – RCA Coordinator/Agency

Date

- Second Referral** – Please reinstate RSS Employment Services immediately.

Comments: _____

Signature – RCA Coordinator/Agency

Date

Section 2 – Completed by the Refugee Social Service Employment Service Provider

- Enrollment in Employment Services** – The employment service provider must report client enrollment in employment services to the RCA program within five business days of enrollment.

Signature – RSS Employment Program Staff/Agency

Date

First Job Placement

| | | |
|-----------------|---|--------------------------|
| Employer's Name | Employer's Address | Employer's Telephone No. |
| Date Hired | Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Salary |

Signature – RSS Employment Program Staff

Date

| | |
|----------------|--------|
| Date Job Ended | Reason |
|----------------|--------|

Signature – RSS Employment Program Staff

Date

Second Job Placement

| | | |
|-----------------|---|--------------------------|
| Employer's Name | Employer's Address | Employer's Telephone No. |
| Date Hired | Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Salary |

Signature – RSS Employment Program Staff

Date

| | |
|----------------|--------|
| Date Job Ended | Reason |
|----------------|--------|

Signature – RSS Employment Program Staff

Date

| | |
|-------------|-----------|
| Client Name | Alien No. |
|-------------|-----------|

Noncompliance – First Instance – The employment service provider must report to the RCA program client noncompliance with required employment services as listed in the client's Employment Service Plan.

Explanation of Noncompliance: _____

Signature – RSS Employment Coordinator

Date

Noncompliance – Second Instance

Explanation of Noncompliance: _____

Signature – RSS Employment Coordinator

Date

Monthly Compliance Verification and Update – The employment service provider must verify client compliance with the Employment Services Plan each month. The employment service provider must provide a written update to the RCA program regarding client compliance each month.

Month 1 Compliant Noncompliant (details above) RSS Employment Staff: _____ Date: _____

Month 2 Compliant Noncompliant (details above) RSS Employment Staff: _____ Date: _____

Month 3 Compliant Noncompliant (details above) RSS Employment Staff: _____ Date: _____

Month 4 Compliant Noncompliant (details above) RSS Employment Staff: _____ Date: _____

Month 5 Compliant Noncompliant (details above) RSS Employment Staff: _____ Date: _____

Month 6 Compliant Noncompliant (details above) RSS Employment Staff: _____ Date: _____

Month 7 Compliant Noncompliant (details above) RSS Employment Staff: _____ Date: _____

Month 8 Compliant Noncompliant (details above) RSS Employment Staff: _____ Date: _____

Additional Information as Needed: