

**REFUGEE WORK REGISTRATION CERTIFICATION, EMPLOYMENT/REFUSAL AND
TERMINATION/DENIAL NOTICE**

_____ County Department of Social Services

Contact Person _____

Email: _____ Fax Number: _____

PART A – REFERRAL (DSS)

To: _____ Date: _____
(Name of NC Refugee Service Provider or Department of Social Services Employment Services)

Address: _____ Email: _____

The individual listed below has applied for Refugee Cash Assistance (RCA) and is now a RCA recipient. This recipient is being referred to your agency for employment services. Please confirm each individual is participating in Employment Services with agency designee and return Part B of this form to the contact listed above. We must receive confirmation the individual is receiving employment services to ensure the referral is complete **(both Part A and Part B are REQUIRED)**.

Name of Recipient: _____ Alien Number: _____

Name of Recipient: _____ Alien Number: _____

Address: _____ Telephone Number: _____

Print Name of Current Case Manager

Signature of Current Case Manager

Telephone Number

PART B – CERTIFICATION (SERVICE PROVIDER)

Today's Date _____

This is to certify that the individual(s) listed above is/are registered for Employment Services with our agency.

_____ is **EXEMPT** from Employment Services.

Print Name of Employment Specialist

Signature of Employment Specialist

Telephone Number

PART C – EMPLOYMENT/REFUSAL NOTICE (SERVICE PROVIDER)

Today's Date _____

This is to notify the above DSS that the above individual is:

[] employed with _____ effective date _____

NOTE: In addition to Part C, please send the DSS-8113, "Wage Verification Form" or supply DSS case manager with necessary employment documents. This will help in timely processing the change.

[] currently receiving Supplemental Security Income (SSI) effective date _____

[] other _____

This is to notify the above DSS that the above individual:

[] refused to participate in Employment Services on effective date _____

[] refused to accept employment on effective date _____

Print Name of Employment Specialist

Signature of Employment Specialist

Telephone Number

PART D – TERMINATION/DENIAL NOTICE (DSS)

This is to notify the NC Refugee Services Provider that the above individual's change request has been processed in NC FAST and the individual was terminated from RCA or denied RCA effective this date _____. On this date, change notice was sent to both RCA recipient and the NC Refugee Service Provider stating the following (case closure reason) _____

Print Name of Employment Specialist

Signature of Employment Specialist

Telephone Number