

**State of North Carolina**  
**Department of Health and Human Services**  
**Division of Social Services**  
**Economic and Family Services**  
**REFUGEE CASH ASSISTANCE & REFUGEE MEDICAL ASSISTANCE**  
**MONITORING TOOL**

**County Department of Services**  
 SFY: \_\_\_\_\_ Selection Period: \_\_\_\_\_

**Instructions:** Each question must be answered. "NA" may be used only if it is offered as an option. This form may be annotated with additional information regarding eligibility as necessary (use comments section or attach additional information).

PDC No:		Case Head Name:		Date of Birth: <input type="text"/>	Country of Origin:
REFUGEE CASH ONLY	REFUGEE MEDICAL ONLY	RCA Case No:	RMA Case No:	Date of Entry:	# of Recipients included in case: <input type="radio"/> Single <input type="radio"/> Couple <input type="radio"/> Other
<b>Both RCA/RMA</b>		Alien Number:		Date of App.: <input type="text"/>	Payment Amount: <input type="radio"/> \$181 <input type="radio"/> \$236 <input type="radio"/> Other

### I. Program Eligibility

<b>1. Is the recipient(s) a qualified alien?</b> <i>Manual Reference: Ch. I, II, III</i> Immigration Status _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Method of Verification (required)</b> <input type="checkbox"/> USCIS Papers <input type="checkbox"/> I-94 <input type="checkbox"/> Passport <input type="checkbox"/> Other _____
<b>2. Has the recipient(s) been in the US (granted eligibility), or have eligible status?</b> <i>Manual Reference: Ch. II, III</i> Date of Entry _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Method of Verification (required)</b> <input type="checkbox"/> USCIS Papers <input type="checkbox"/> I-94 <input type="checkbox"/> Passport <input type="checkbox"/> Other _____
<b>3. Is the recipient(s) eligible for any other cash assistance;</b> <input type="checkbox"/> Work First Family Assistance (WFFA) or <input type="checkbox"/> Supplemental Security Income (SSI)? <i>Manual Reference: Ch. II, III</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>If Yes, Date Application was Submitted</b> _____
<b>4. Does the recipient(s) receive Matching Grant?</b> <i>Manual Reference: Ch. II, III</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Method of Verification (required)</b> <input type="checkbox"/> DSS-6247 <input type="checkbox"/> N/A
<b>5. Is the recipient(s) a full-time student in an institution of higher education? If yes, where</b> _____ <i>Manual Reference: Ch. II, III</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Method of Verification</b> <input type="checkbox"/> Client Statement <input type="checkbox"/> N/A <input type="checkbox"/> Signed Statement in Record
<b>6. Does the recipient(s) live in North Carolina with the intent to remain?</b> <i>Manual Reference: Ch. II, III</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Method of Verification</b> <input type="checkbox"/> Client Statement <input type="checkbox"/> N/A <input type="checkbox"/> Signed Statement in Record

### II. Employability Eligibility

<b>1. Did the recipient(s) voluntarily quit a job or refuse to apply for or accept an appropriate offer of employment or employment related training during the 30 days prior to applying for aid?</b> <i>Manual Reference: Ch. II, III</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	_____ _____ _____
<b>2. Was the recipient(s) resettled in NC by a Refugee affiliate?</b> <i>Manual Reference: Ch. I, II, III &amp; IV</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Name of Affiliate</b> _____ _____
<b>➤ If yes, did Refugee affiliate notify the county DSS of the recipient's intent to apply for assistance, <u>DSS-6247 Notification of Refugee Arrival and Intent to Apply for Benefits?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> <b>Yes DSS-6247 Included,</b> Referred to DSS by Refugee Affiliate <input type="checkbox"/> <b>Not Included in Case File</b>

<p>3. Has each adult who is required to do so, registered for work with an appropriate employment service, <b>DSS-5022 Refugee Work Registration Certification, Employment/Refusal and Termination/Denial Notice?</b> <i>Manual Reference: Ch. III, V &amp; A</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>DSS-5022 Completed</b>    <input type="checkbox"/> Yes   <input type="checkbox"/> No          County Signed – Part A    <input type="checkbox"/> Yes   <input type="checkbox"/> No          Refugee Affiliate – Part B    <input type="checkbox"/> Yes   <input type="checkbox"/> No          Name of Affiliate _____</p>
<p>4. If employment was obtained by the RCA recipient(s), did the Refugee agency notify the local DSS by completing, part C of the <b>DSS-5022 Refugee Work Registration Certification, Employment/Refusal and Termination/Denial Notice?</b> <i>Manual Reference: Ch. III, V &amp; A</i> Other Notification _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>DSS-5022 Completed</b>    <input type="checkbox"/> Yes   <input type="checkbox"/> No          County Signed – Part C    <input type="checkbox"/> Yes   <input type="checkbox"/> No          Refugee Affiliate – Part D    <input type="checkbox"/> Yes   <input type="checkbox"/> No          Name of Affiliate _____  <i>See notices for Change Notice provided</i></p>
<p>5. If RCA recipient is <b>NOT</b> working with Refugee Affiliate Employment Services, did the local DSS provide the required employment services: <i>Manual Reference: Ch. III, V &amp; D</i></p> <ul style="list-style-type: none"> <li>➤ Mutual Responsibility Agreement, <b>DSS-6239A?</b></li> <li>➤ MRA Plan of Action Requirements, <b>DSS-6239B?</b></li> <li>➤ Individualized Employability Plan, <b>DSS-6232?</b></li> <li>➤ Family Self-Sufficiency Plan, <b>DSS-6230?</b></li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>DSS-6239A Signed</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A  <b>DSS-6239B – Suggested Not Required</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A  <b>DSS-6232</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A  <b>DSS-6230</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p>

**III. Financial Eligibility**

<p>1. Are the recipient's resources <u>under</u> the asset limitation? <i>Manual Reference: SRO Ch. III, II &amp; WF 115</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Method of Verification</b>  <input type="checkbox"/> IEVS matches   <input type="checkbox"/> Client States None  <input type="checkbox"/> Bank, etc. other _____</p>
<p>2. Is there any countable income (earned income) for the case? <i>Manual Reference: SRO Ch. III, II &amp; WF 114</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p><b>Method of Verification</b>  <input type="checkbox"/> Client States None   <input type="checkbox"/> Tax return  <input type="checkbox"/> Wage stubs                    <input type="checkbox"/> Other _____</p>
<p>3. If countable income, was the correct month's income used to calculate RCA allotment? <i>Manual Reference: SRO Ch. III, II &amp; WF 114</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>_____        _____</p>

**IV. Processing Standards**

<p>1. Was the RCA/RMA application processed within the 30-day limit? (<i>SRO Ch. III, IIIB</i>) Activated on _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<table border="1"> <thead> <tr> <th align="center" colspan="2">Applicable Notices</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>DSS-6243 RCA &amp; RMA Approval/Change/Termination</td> </tr> <tr> <td><input type="checkbox"/></td> <td>DSS-6236 Informed Consent for Release of Info.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>DSS-10001 Foreign Language Interpret</td> </tr> <tr> <td><input type="checkbox"/></td> <td>NCFAS-20009 EFS Rights &amp; Responsibilities</td> </tr> <tr> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>	Applicable Notices		<input type="checkbox"/>	DSS-6243 RCA & RMA Approval/Change/Termination	<input type="checkbox"/>	DSS-6236 Informed Consent for Release of Info.	<input type="checkbox"/>	DSS-10001 Foreign Language Interpret	<input type="checkbox"/>	NCFAS-20009 EFS Rights & Responsibilities	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
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<input type="checkbox"/>	_____																					
<p>2. Was an application for Food Stamp benefits taken the same day? (<i>SRO Ch. III, III</i>) If not DOA: _____</p> <p>➤ Does the recipient(s) receive FNS benefits?   <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																					
<p>3. Was the correct eligibility decision made? If No, _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
<p>4. All recipient(s) included in the case eligible for RCA/RMA?</p> <p>➤ If not, who is not eligible and why? _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A																					
<p>5. Is the payment amount, correct? <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p> <p>➤ Is the ongoing payment amount, correct? <input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> N/A</p>	<p>➤ If the payment is not correct, the prorated the amount \$ _____</p> <p>_____</p>																					

Meets Minimum Standards

Recommendation(s)

Finding(s)

REVIEWER \_\_\_\_\_

DATE \_\_\_\_\_