RESET

# Refugee Cash Assistance Agreement Form

## Agreement of Mutual Responsibility

| Client Name | Co/Record # |
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The Refugee Resettlement Program (RRP) offers a wide range of programs to help refugees, and their families obtain employment, economic self-sufficiency, and greater access to mainstream services for integration within in the shortest possible time after their arrival.

### Refugee Cash Assistance (RCA) Requirements:

- Must possess a qualifying immigration status.
- Must be a resident of Pennsylvania.
- Must be ineligible for TANF and not receiving SSI.
- Must not have quit a job or refused a job offer within 30 days prior to application without good cause.
- Must comply with employment and training requirements, enroll and participate in employment and training activities.
- Must not be enrolled as a full-time student in higher education as an undergraduate or post-graduate.
- Must not be enrolled in the Match Grant Program.

### The County Assistance Office (CAO) is responsible to:

- Explain the Refugee Cash Assistance eligibility period.
- Explain which special allowances for supportive services such as transportation and clothing may be available to you and assist you in getting the paperwork needed to qualify for those supportive services.
- Explain other ways that we can help you, such as supportive services for victims of domestic violence and human trafficking.
- Explain available education and training opportunities.
- Explain that you may volunteer for work-related activities or education/training if you are not required to work.
- Give you information about the Supplemental Nutrition Assistance Program (SNAP) and Medical Assistance.
- Explain that you must complete, sign, and date this AMR if mailed or emailed to you and return the signed AMR within 30 days before the CAO can authorize your benefits.
- Explain that you must register with the following Refugee Service Provider (RSP) that offers services for five years to address your needs:

Provider: _____ Date: _____

Address: _____

Phone: _____

## YOU are responsible to:

- Cooperate with provider's employment plan.
- Not quit a job or refuse an offer of employment within 30 calendar days before the date of application or while receiving RCA benefits.
- Register with the designated refugee service provider.
- Complete a job search as required by the refugee service provider.
- Accept an offer of employment considered acceptable by the refugee service provider.
- Participate in employability service program which provides job or English language training, if available.
- Complete, sign, and date an AMR mailed or emailed to you and return it within 30 days of the date of the county assistance office (CAO) signature on the AMR.

## Agreement Penalties:

| IF YOU REFUSE OR WILLFULLY FAIL TO: | THE PENALTY WILL BE: |
|---|---|
| Meet work requirements, failed to accept an offer of employment, or voluntarily quit employment, unless you have a good reason for not doing so. | Your cash assistance will be discontinued. |
| Sign the AMR mailed to you and return the AMR within 30 days of the date of the county assistance office (CAO) signature on the AMR. | You will not be eligible for cash assistance if the AMR is not returned within 30 days. |
| Provide proof within 14 days of how the special allowance money was spent. | You may have to pay the money back if you did not use special allowance money that you received to pay for the items or services that you requested. |

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## Acknowledgments:

The Refugee Cash Assistance Program has been explained to me, I acknowledge my responsibilities and understand the penalties.

- I read and understand this form, called the Agreement of Mutual Responsibility (AMR), I know that I must sign the AMR to receive cash. I know that signing the AMR means I am saying I will do what the AMR plan tells me to do. I know that if I do not do what is in the plan or if I do not sign this AMR, unless I have good reason, I may not get cash assistance (62 P.S. 405.3). I know the penalties for not signing the AMR.

| Client Signature | Date | CAO Representative Signature | Date |
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