

Refugee Cash Assistance (RCA) Employment Services Referral

ASSIGNED CONTRACTOR	MONTHLY PAYMENT AND INCOME STANDARDS		
	HOUSEHOLD SIZE	GROSS INCOME STANDARD	PAYMENT STANDARD
	1	\$ 610	\$ 305
	2	\$ 770	\$ 385

Employment Goal: Gain independence from RCA cash assistance by obtaining earnings equal to or greater than the applicable gross income standard above.

Client Information

NAME (PRINT)	CLIENT ID NUMBER	PRIMARY LANGUAGE
DATE OF BIRTH	DATE OF ENTRY	TELEPHONE NUMBER (WITH AREA CODE)
ALIEN NUMBER	EJAS NUMBER	SOCIAL SECURITY NUMBER
CONTACT ADDRESS	CITY	STATE ZIP CODE

Your signature indicates that you understand that you must participate in activities that lead to the earliest possible employment. This means you must:

- Work, look for work, or prepare for work.
- Contact the agency below and register for work search activities by the date listed below.
- Call DSHS at _____ as soon as possible if you feel you cannot continue to work, look for work or prepare for work for any reason.
- Tell DSHS at _____ when you move or find a job.

If you don't do these activities and you don't have a good reason for not doing them, then you will be sanctioned. **The first sanction means you cannot receive RCA cash assistance for three (3) months.** You may reapply for RCA cash assistance after three (3) months. **You can never receive RCA cash assistance again if you are sanctioned for a second time.**

You **must** contact the following agency to help you with employment support by _____.
DATE

AGENCY NAME	TELEPHONE NUMBER (WITH AREA CODE)
AGENCY ADDRESS	CITY STATE ZIP CODE

I have received a copy of this agreement. I have the right to request a case review and/or a hearing if I disagree with this agreement. To request a hearing, I must contact my Community Services Office or the Office of Administrative hearings, DSHS, PO Box 42488, Olympia WA 98504-2488 within 90 days of the date of the DSHS staff signature below.

CLIENT'S SIGNATURE DATE

INTERPRETER'S SIGNATURE DATE

OR

PHONE INTERPRETATION PROVIDE BY (AGENCY) INTERPRETER NUMBER

DSHS SIGNATURE DATE