

**STATEMENT OF UNDERSTANDING**

**REFUGEE MEDICAL ASSISTANCE APPLICATION**

As an eligible Arizona Refugee Resettlement Program client in Arizona, you are being provided this document in the language that you prefer. Should you prefer this document to be interpreted for you in the language you choose, interpretation will be provided to you upon request.

All refugees and other eligible beneficiaries arriving in Arizona have the right to apply for Refugee Medical Assistance (RMA). RMA is a twelve-month maximum health benefit program for refugees and other eligible beneficiaries who are denied Arizona Medicaid (a health insurance program), also known as Arizona Health Care Cost Containment System (AHCCCS), upon arrival and who fall below 200% of the Federal Poverty Level, or who have had their Arizona Medicaid coverage ended due to income from employment that is greater than the Arizona Medicaid income eligibility limit. RMA can pay for approved, allowable medical costs for a maximum of twelve months after arrival in the United States or grant of qualifying Office of Refugee Resettlement (ORR) status, which is the date that you receive an immigration status that makes you eligible to receive refugee-specific services. While RMA is only available for a maximum of twelve consecutive months, the coverage is similar to that provided by AHCCCS. For more information about AHCCCS coverage, please visit: <https://www.azahcccs.gov/>.

You can be enrolled in RMA through assistance from: A Local Resettlement Agency (LRA) that sponsored you, your Private Sponsor Group through Welcome Corps, or any organization assisting you with services who has access to the Arizona Refugee Resettlement Programs Online Database System (ARRPODS). Any of those groups/organizations can submit a Refugee Medical Assistance application on your behalf if you wish. Additionally, once your AHCCCS is terminated, AHCCCS will share this termination information with RRP, and RRP can automatically enroll you into RMA at the time of your AHCCCS termination. By signing this application, you acknowledge and agree to being enrolled into RMA in the event that you are deemed ineligible for AHCCCS and you are within the first 12 months of arrival or grant of qualifying status.

Should you be approved for RMA benefits, you will receive a Refugee Medical Assistance Card that outlines your coverage including benefit start and end dates. You have the following rights and responsibilities as an RMA applicant:

- The right to have your RMA eligibility determined within 30 days from the date of this signed application, or at the time of AHCCCS termination due to income from employment if AHCCCS has communicated this information to RRP.
- The right to receive the services for which you qualify in accordance with Federal and state regulations and based on the availability of services and fiscal limitations.
- The responsibility to report fully all situations affecting this application and to report to your case manager within five days of any changes in your situation that will affect your eligibility (For example, permanently moving out of Arizona, change of income, etc.).
- The responsibility to work with all agency efforts to establish your eligibility. You agree to a full investigation of your eligibility, including inquiries to employers, doctors, and other business and professionals. You also agree to a review of other agency records.

You are currently receiving Refugee Resettlement Services from: \_\_\_\_\_

**APPLICATIONS SUBMITTED**

I (*Witness/Case Manager*) \_\_\_\_\_, have assessed the case and confirm that I have submitted the proper RMA application into the ARRPODS on the applicant(s) behalf, if applicable.

<b>NAME(S) OF RMA APPLICANTS</b>

## STATEMENT OF UNDERSTANDING

### REFUGEE MEDICAL SCREENING APPLICATION

As an eligible Arizona Refugee Resettlement Program client in Arizona, you are being provided this document in the language which you prefer. Should you prefer this document to be interpreted for you in the language you choose, interpretation will be provided to you upon request.

You are eligible to apply for the Refugee Medical Screening (MS). The MS occurs within the first 90 days after you arrive or are granted eligible status and includes a physical exam, medical history, immunizations, general laboratory tests, and infectious disease tests. It also includes a chest Xray. This MS is completely free to you. The purpose of this exam is to follow up on any conditions that were identified in your overseas medical exam, if

you received that exam, and to identify new health concerns that may be a challenge to successful resettlement. It is your introduction into the healthcare system, and you will receive referrals to a primary care doctor and any specialists you might need for further care.

A Local Resettlement Agency (LRA) that sponsored you, your Private Sponsor Group through Welcome Corps, or any organization enrolling you into the ARRPODS, can submit a MS application on your behalf if you wish. The Arizona Refugee Resettlement Program (RRP) determines eligibility for the MS.

In order to make the referral to the MS provider, you must authorize RRP to coordinate with your representative. You must also authorize RRP to send your information to the MS provider. Below, you can indicate if you authorize or do not authorize this activity.

Please check below:

I would like to receive a Medical Screening.      I am declining a Medical Screening.

I \_\_\_\_\_, select the following option that will allow or not allow RRP to contact the agency I am receiving resettlement services from to coordinate services.

Authorize      Do not authorize

I \_\_\_\_\_, select the following option that will allow or not allow RRP to send my contact, personal information, eligibility documentation, and the contact/personal/eligibility documentation information of any dependents listed in the application section below, to the MS provider in my County, through the AARRPODS, to assist the completion of my MS. I have the right to decline such transfers of my personal data being made on my behalf by RRP, and screening referral may take place though other physical processes.

Authorize      Do not authorize

I \_\_\_\_\_, select the following option that will allow or not allow RRP to send my photograph and the photographs of any dependents listed in the applications section below, to the DME provider operating in my County, through ARRPODS, to facilitate the completion of my DME. Photographs shall only be used to aid the DME provider in client identification.

Authorize      Do not authorize

### STATEMENT OF UNDERSTANDING

#### APPLICATIONS SUBMITTED

I (*Witness/Case Manager*) \_\_\_\_\_, have assessed the case and confirm that I have submitted the proper Medical Screening application into the ARRPODS on the applicant(s) behalf.

NAME(S) OF MEDICAL SCREENING APPLICANTS

#### SIGNATURES/CERTIFICATION

I certify that I am a refugee or other eligible beneficiary admitted to the United States under the Refugee Act of 1980, requesting services from RRP and that the information provided on this form is correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Minor Client: \_\_\_\_\_

Interpreter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If interpretation was declined, please enter "N/A" above)*

Interpreter Declined (*Client to sign here*): \_\_\_\_\_ Date: \_\_\_\_\_



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Guardian/Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Minor Client: \_\_\_\_\_

Interpreter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If interpretation was declined, please enter "N/A" above)*

Interpreter Declined (*Client to sign here*): \_\_\_\_\_ Date: \_\_\_\_\_