

REFUGEE CASH ASSISTANCE (RCA) APPLICANT ACKNOWLEDGEMENT

Please review the following information and initial next to the program for which you intend to apply:

_____ **Refugee Cash Assistance:** I acknowledge that I am applying for Refugee Cash Assistance (RCA) and that my case consists of a family unit defined as an individual adult, married individuals without children, or parents(s) or custodial relative(s) with minor children who are not eligible for TANF, and who live in the same household. I have not applied for and confirm that I am not receiving such government cash assistance as Temporary Assistance for Needy Families (TANF), or Social Security Income (SSI), or other government cash assistance. I acknowledge that if I am awaiting a Matching Grant Program (MGP) determination that, if approved, I will be ineligible for RCA assistance. If I am enrolled in any other public cash assistance program, I will immediately notify a RCA case worker.

_____ **Temporary Assistance for Needy Families Differential:** I acknowledge that I am applying for the Temporary Assistance for Needy Families (TANF) Differential Payment and that my case consists of at least one adult parent and at least one dependent child or family member. Upon TANF approval, I understand that I am required to provide my Department of Economic Security (DES) Case Number. In addition to the DES Case Number, I will provide either a Cash Assistant Notice of Benefits approval letter or an EBT card for RCA case worker verification. Once the case is verified, the RCA case worker will enroll me in the TANF Differential Payment program. I have not applied for and confirm that I am not currently receiving such government cash assistance as Social Security Income (SSI) or other government cash assistance. I acknowledge that if I am awaiting Matching Grant Program (MGP) determination that, if approved, I will be ineligible for RCA. If I am enrolled in any other public cash assistance program, I will immediately notify a RCA case worker.

A part of the application for RCA is your Office of Refugee Resettlement eligibility established by the creation of an Arizona Refugee Resettlement Program Online Data System (ARRPODS) Profile. If an ARRPODS profile has not yet been created for your case, you must have a profile created by an Arizona Refugee Resettlement Program contractor and your eligibility status approved.

Following are the current TANF Differential Payment amounts for qualifying TANF clients. The monthly differential payment is based on the issuance of your monthly TANF payment.

Household	Maximum TANF Payment	Maximum TANF Differential to be Paid	Maximum RCA Payment
1	\$164	\$373	\$537
2	\$220	\$506	\$726
3	\$278	\$637	\$915
4	\$335	\$769	\$1104
5	\$392	\$825	\$1217
6	\$449	\$881	\$1330
7	\$506	\$937	\$1443
8	\$563	\$1,013	\$1,576
9	\$620	\$1,069	\$1,689

Should I be determined ineligible for or denied TANF and want to apply for RCA, I acknowledge that I will need to meet with a RCA case worker at one of the designated Local Resettlement Agencies for RCA eligibility determination.

I acknowledge that I will provide the RCA case worker with the Denial and Closure Notice from the Division of Benefits and Medical Eligibility (DBME) to be considered for RCA eligibility.

I, _____, hereby certify under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge and belief. By signing this RCA Applicant Acknowledgement, I declare that the information provided is completely accurate and truthful to the best of my ability and/or recollection. I also certify that any additional information relating to my eligibility, including household size, members, and declaration of financial relationship, is fully accurate and truthful to the best of my ability and/or recollection, and any future changes to my household size will be reported to a RCA case worker within five business days.

I understand that if I intentionally submit information or statements later identified as inaccurate or untruthful, I will be subject to legal action and overpayment recovery of benefits received.

Applicant Name: _____

Applicant Signature: _____ Date: _____

DES Case Number: _____

Interpreter Name and Signature: _____ Date: _____

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

Client Signature If Declining Interpreter: _____