

Refugee Benefits Application Information

To: County Department of Job & Family Services
 Our agency is the resettlement agency for the family of refugees who
 arrived in the U.S. on from

As refugees admitted under section 207 of the Immigration and Nationality Act (OAC rules 5101:1-2-30, 5101:1-38-02.3, 5101:4-3-07, 5101:1-2-40, and 5101:1-42-90), **they meet the citizenship requirements for all benefit programs .**

Household members (use alien number on CRIS-E screen AEICZ):			
Last :	First:	Alien #:	
Last :	First:	Alien #:	
Last :	First:	Alien #:	
Last :	First:	Alien #:	
Last :	First:	Alien #:	
Last :	First:	Alien #:	
Last :	First:	Alien #:	

The family is applying for:

Cash, Food and Medical Assistance Food and Medical Assistance

► **Interpreter assistance is required in the following language:**

Reception and Placement Assistance
 As part of the U.S. State Department’s Reception and Placement program, the family received \$ cash upon arrival for basic needs. Our agency also assisted with immediate resettlement needs, which included rent, rent deposits, utility deposits and personal items for their first 30 days, beginning and ending .

- Reception and Placement assistance **does not** count in the budget for any program (OAC rules 5101:4-4-13(B), 5101:1-23-20(D)(2)(b)(i), 5101:1-2-40(F)(3), 5101:1-42-90(B)(2), and 5101:1-39-18).
- Record as “Other” Income on AEFIQ, subtype “**OTRA**” on AEFMI, with **begin and end dates** as noted above.

This certifies that the employable individuals in this household have not quit or refused valid offers of employment in the last 30 days (OAC 5101:1-2-40).

- Please add our agency caseworker as the Authorized Representative on CRIS-E screen AEFPY to comply with notification requirements in OAC 5101:1-2-40 and 5101:1-42-90.
- Put “N” in the “Rec” section on AEFAR,** to ensure benefits are mailed to the refugee family’s address, not to our agency:

Name:	Agency:
Address:	
City:	Zip Code: Phone:

The family is participating in the **Matching Grant** program. No Yes → See page 2.

Authorized Signature:
 Print Name:
 Title:

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Matching Grant Program Information

Not Applicable

- This family is participating in the Matching Grant program through our agency.
- The Matching Grant program is a short term voluntary employment incentive program that is an alternative to public cash assistance.
- The family is applying **only for Food and Medical Assistance** at this time.
- After the end of the matching grant cash assistance period (noted below), they may apply for cash assistance.

Our agency will pay **rent** for the following months:

Our agency will pay **utilities** the following months:

Anticipated utility payments include: Electric Gas Phone Water

- After the months listed above, the family is responsible for rent and utility payments specified in the lease agreement (deductions for rent and utilities may begin). OAC Rules 5101:4-4-23, 5101:4-4-13(B), 5101:1-23-20(D)(2)(b)(i), 5101:4-4-07(B)(1), 5101:1-23-20(D)(2), and 5101:4-4-31(L)

Matching Grant cash payments to the family **begin:** _____ **and end** _____

We anticipate Matching Grant funding (the amount per person in household) will be dispersed according to this schedule:

Name	Dates	Amount

Other anticipated funding to the family or others related to Matching Grant participation includes:

Amount	Type	Date(s)
Amount	Type	Date(s)

- Matching Grant cash payments count in budgets for all programs, except Refugee Medical Assistance (OAC Rule 5101:1-42-90).
- Record this money as “Other” income on AEFIQ, subtype “OTRM” on AEFMI, record the amounts listed per person, and begin and **end dates** as noted above.

Authorized Signature:

Print Name:

Title: