

## **Refugee Cash Assistance Sanctions**

### **Notice of Decision**

Current Worker	Worker Number	County	Region (if applicable)
Case Name		Case Number	Phone Number (     )
Date of Notice			

Name and Address of Job Seeker

This notice serves to inform you that your Refugee Cash Assistance (RCA) benefits will end effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Here's why:

- ☐ You have refused an offer of employment without good cause. You will be ineligible for cash benefits for a period of 3 months from the effective date of this action.
- ☐ You have refused to participate in employment services without good cause. You will be ineligible for cash benefits for a period of 3 months from the effective date of this action.
- ☐ You may reapply for RCA benefits on \_\_\_\_\_.
- ☐ You will not be eligible to reapply for RCA benefits since the period of this sanction extends beyond the 8-month period of eligibility for Refugee Cash Assistance.
- ☐ Your final RCA benefit will be in the amount of \$ \_\_\_\_\_ for the period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
- ☐ Other \_\_\_\_\_

Please direct any questions regarding your RCA and/or RMA to your worker listed above. If you think this action is wrong, call your worker for an explanation at the number listed above.

You must notify your worker of any changes such as employment or change of residence within 10 days. Failure to do so may result in negative action taken on your case.

If you will need a language translator, sign language interpreter or other accommodation for a disability, please contact your worker.

**Appeal Rights:** You can ask for a Fair Hearing if you think the action is wrong. The directions for requesting a hearing can be obtained from your worker, or you may send a written request with your name, address, phone number, social security number and reason for the Appeal to Division of Hearings and Appeals, PO Box 7875, Madison WI 53707-7875. If you request a Fair Hearing before the effective date of this action, benefits will be continued until the final decision is made. Benefits will not continue beyond the 8-month eligibility period. If the Fair Hearing confirms that you are not eligible for benefits, you will have to pay back the benefits you receive in error. You must send a request for a Fair Hearing within 45 days of the date of notice or the Hearing Examiner will not consider the request.