_____County RMA Case No. _____ Date _____

Refugee Medical Assistance (RMA) Application

This application is used to collect the information needed to determine eligibility for Refugee Medical Assistance.

The term "refugee" will refer to all groups, who are Qualified Aliens, and potentially eligible for RCA (refer to Chapter I., section III. for definitions and more detailed information regarding each eligible recipient groups). The general term "refugee" for the Refugee Assistance Program (RAP) includes immigration status for the following: **Refugees**, admitted under INA § 207; **Asylees**, granted asylum under INA § 208; **Afghan Special Immigrant (SQ or SI) Parole, Afghan Special Immigrant (SI) Conditional Permanent Residence (CPR) and Afghan Humanitarian Parolees** individuals have been or will be granted humanitarian parole by the U.S. Department of Homeland Security in response to their need for rapid evacuation and relocation under Operation Allies Refuge/Operation Allies Welcome. **Cuban and Haitian Entrants**, as defined under federal regulations (45 CFR § 401.2); **Amerasians; Victims of Human Trafficking** who have been issued an ORR certification letter; and Afghan or Iraqi nationals (from Iraq and Afghanistan) granted a **Special Immigrant Visa (SIV),** by the U.S. Department of Homeland Security for service to the U.S. government. **Ukrainian Humanitarian Parolee, and other Non-Ukrainian individual displaced from Ukraine** as of May 21, 2022, the Additional Ukraine Supplemental Appropriations Act, 2022 (AUSAA).

Does the refugee applicant(s) wish to apply for Refugee Cash Assistance? ☐ YES ☐ NO
(If yes, please complete a separate Refugee Cash Assistance application form.)

Does the refugee applicant(s) need help completing the application or help during the interview process? ☐ YES ☐ NO
(If yes, please complete form DSS-10001, Language Services Agreement.)

PROGRAM SCREENING (ALL ANSWERS MUST BE YES TO BE POTENTIALLY ELIGIBLE)

☐ Yes ☐ No Does the refugee applicant's immigration status meet the definition of a status identified above?

Primary Applicant Name: _____ Telephone Number: _____

Address: _____

Mailing Address (if different from above): _____

Local Affiliate Agency (if applicable): _____

THE FORMS BELOW MUST BE ATTACHED WITH THIS REFUGEE MEDICAL ASSISTANCE APPLICATION, IF APPLICABLE.

☐ Form DSS-6247 (Notice of Intent to Apply for Benefits) given to the local DSS. Only applicable if the refugee applicant is working with a Local Affiliate Agency

☐ Form DSS-10001 (Language Services Agreement) provided by the local DSS and signed by the applicant.

☐ Form DSS-6236 (Informed Consent for Release of Information) provided by the local DSS and signed by the applicant. Only applicable if the refugee applicant is working with a Local Affiliate Agency and the applicant is authorizing the Local Affiliate Agency (Resettlement Agency)/Service Provider to speak/apply for Refugee Medical Assistance (RMA) on the applicant's behalf.

PRIMARY APPLICANT

1	Name (First)	Name (Last)	Name (Middle)	Gender	Date of Birth

Marital Status:
☐ Individual/Single ☐ Couple/Married

County of Origin:
_____

Immigration Status:
☐ Refugee ☐ Special Immigrant Visa (SIV) Holder from Iraq or Afghanistan ☐ Amerasians
☐ Afghan Special Immigrant Parole SQ/SI ☐ Afghan Humanitarian Parolees Residence
☐ Afghan Humanitarian Parole Afghan Special Immigrant (SI) Conditional Permanent Residence (CPR)
☐ Ukraine Humanitarian Parole or Non-Ukrainian
☐ Cuban & Haitian Entrant ☐ Victim of Human Trafficking (certification letter)
☐ Asylee: Asylum Date *(Found on the Granted Asylum letter)* _____

Immigration Document(s) Viewed:
☐ I-94 ☐ USCIS Travel Documents ☐ Visa ☐ Passport
☐ Other: _____

Alien Number:
(Typically, a 9-digit number not a Social Security, Passport or VISA number)
_____

Full-time Student:
(In an Intuition of Higher Learning)
☐ Yes, Where_____
☐ No

SECOND APPLICANT

2	Name (First)	Name (Last)	Name (Middle)	Gender	Date of Birth

Marital Status:
☐ Individual/Single ☐ Couple/Married

County of Origin:
_____

Immigration Status:
☐ Refugee ☐ Special Immigrant Visa (SIV) Holder from Iraq or Afghanistan ☐ Amerasians
☐ Afghan Special Immigrant Parole SQ/SI ☐ Afghan Humanitarian Parolees Residence
☐ Afghan Humanitarian Parole Afghan Special Immigrant (SI) Conditional Permanent Residence (CPR)
☐ Ukraine Humanitarian Parole or Non-Ukrainian
☐ Cuban & Haitian Entrant ☐ Victim of Human Trafficking (certification letter)
☐ Asylee: Asylum Date *(Found on the Granted Asylum letter)* _____

Immigration Document(s) Viewed:
☐ I-94 ☐ USCIS Travel Documents ☐ Visa ☐ Passport
☐ Other: _____

Alien Number:
(Typically, a 9-digit number not a Social Security, Passport or VISA number)
_____

Full-time Student:
(In an Intuition of Higher Learning)
☐ Yes, Where_____
☐ No

EARNED INCOME

(Refer to the RAP Manual Chapter II. Section III. Application Process Section. C. Processing Requirements. EXCEPTIONS)

Does applicant(s) have income from working? ☐ Yes ☐ No If yes, complete the following:

1. Applicant Name: _____ Start Date: _____ Rate of Pay: _____

   Employer Name: _____

   Employer Address: _____ Telephone Number: _____

   Supervisor/Manager Name: _____ Work Schedule/Hrs. per Week: _____

Pay Received This Month (Month of Application Only)	
Date	Gross Amount

2. Applicant Name: _____ Start Date: _____ Rate of Pay: _____

   Employer Name: _____

   Employer Address: _____ Telephone Number: _____

   Supervisor/Manager Name: _____ Work Schedule/Hrs. per Week: _____

Pay Received This Month (Month of Application Only)	
Date	Gross Amount

ADDITIONAL SERVICES

Check (✓) that each of the following was explained and the applicable notice/form/service provided to applicant.

Service(s) Explained	Referral Yes	Referral No
☐ **Supplemental Security Income (SSI)** - Federal income supplement program designed to help aged, blind, and disabled people, who have little or no income. Referred this recipient to apply for SSI benefits.	☐	☐
☐ **Food and Nutrition Services (FNS)** - Eligibility for the Food Stamp Program is based on certain non-financial and financial requirements. Referred this recipient to be evaluated for expedited services.	☐	☐

Check (✓) that each of the following was explained and the applicable notice/form provided to applicant.

☐ Form NC FAST-20009 (Rights and Responsibilities)

I, _____, understand that by signing this form, I am stating that:
(applicant printed name)

- ✓ I understand the penalties for giving false information, and I have told the truth on this form.
- ✓ I know my rights and what I must do to get assistance.
- ✓ I agree to give information about what I have said.
- ✓ I agree to report changes to the social services agency.
- ✓ I agree to let the social services agency obtain proof of what I have said from any person or another agency.
- ✓ I know the social services agency keeps private anything said about my situation.
- ✓ I know if I do not sign this form, I will not get assistance.

Applicant Signature: _____ **Date:** _____

Witness Signature: (If signed with an "X") _____ **Date:** _____

Authorized Agency (Referenced on DSS-6236): _____

Authorized Agency Representative Print Name: _____

Authorized Agency Representative Signature: _____ **Date:** _____

Interviewer Signature: _____ **Date:** _____

Interpreter Signature: _____ **Date:** _____