

Refugee Cash Assistance (RCA) Voluntary Employment Services Referral

ASSIGNED CONTRACTOR	MONTHLY PAYMENT AND INCOME STANDARDS		
	HOUSEHOLD SIZE	GROSS INCOME STANDARD	PAYMENT STANDARD
	1	\$ 610	\$ 305
	2	\$ 770	\$ 385
Employment Goal: Gain independence from RCA cash assistance by obtaining earnings equal to or greater than the applicable gross income standard above.			
Client Information			
NAME (PRINT)		CLIENT ID NUMBER	PRIMARY LANGUAGE
DATE OF BIRTH	DATE OF ENTRY		TELEPHONE NUMBER (WITH AREA CODE)
ALIEN NUMBER	EJAS NUMBER		SOCIAL SECURITY NUMBER
CONTACT ADDRESS		CITY	STATE ZIP CODE
You must contact the following agency to help you with employment support by _____.			
AGENCY NAME			DATE
		TELEPHONE NUMBER (WITH AREA CODE)	
AGENCY ADDRESS		CITY	STATE ZIP CODE
<p>I have received a copy of this agreement. I have the right to request a case review and/or a hearing if I disagree with this agreement. To request a hearing, I must contact my Community Services Office or the Office of Administrative hearings, DSHS, PO Box 42488, Olympia WA 98504-2488 within 90 days of the date of the DSHS staff signature below.</p>			
_____ CLIENT'S SIGNATURE		_____ DATE	
_____ INTERPRETER'S SIGNATURE		_____ DATE	
OR			
_____ PHONE INTERPRETATION PROVIDE BY (AGENCY)		_____ INTERPRETER NUMBER	
_____ DSHS SIGNATURE		_____ DATE	