5/1/16	Bulletin No. 16-20	P-3000

# P-3000 District Reporting Requirements for Refugees

Every month around the 25th each district will receive a copy of the previous month's Expenditure to Refugees, DSW 240. Changes including closures and additions will be made on this form and resubmitted.

## A. Changes

- 1. Review and change the following as needed.
  - a. Temporary ID numbers to permanent Social Security numbers as they occur.
  - b. The cash assistance amount received for the report month.
  - c. The cash assistance category or Medicaid only by program effective date if changed during the month or since the previous month.
    - Example: An unemployed refugee, his wife and three minor children were eligible for ANFC-UP (IV-A). The father goes to work for more than 100 hours per month, but the household continues to be eligible for RCA. The IV-A eligibility was effective the 15th of the month. Use both the IV-A and RCA boxes to show amounts received under each category and asterisk, explaining as a footnotes that IV-A was received from 8-1 to 8-15 and RCA from 8-16 to 8-31.
- 2. Add the close date if case closed in the report month.
- 3. Return DSW 240 to State Office.

## B. Additions

Complete <u>all</u> columns for new recipients.

- 1. Name and welfare ID of each recipient.
- 2. <u>Passport/alien registration number</u>.

This number can be found on the passport or alien registration card that each refugee will have.

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## 3. <u>Date of entry</u>.

This should also be on the passport or alien registration card.

If the child was born in the United States, look at the parent's date of entry. If the parents entered the United States on the same day, use this date. If they entered on different dates, use the later of the dates.

### Example #1

Child born 6/21/82. Mother and father both entered the United States on 5/1/82. The child's date of entry will be 5/1/82.

### Example #2

Child born 6/25/82. Father entered the United States on 6/15/82 and the mother entered on 5/3/82. The child's date of entry will be 6/15/82.

4. <u>Name and address of sponsor</u>.

The person or the organization and contact person of the individual's local sponsor.

5. Cash Assistance.

List the amount of assistance the client received during the month in the appropriate category column.

### 6. Medicaid only effective date.

If refugee receives Medicaid and does not receive Refugee Cash Assistance or ANFC-IV-A, check the appropriate category.

7. <u>Close date</u>.

Fill in if date of closure is in the reporting month.