



Refugee Assistance Program (RAP) Notice of Employment Registration/Participation

FLORIDA Case No.: _____

AG Name _____

Address: _____

Office Address:

Unit Phone No.:

_____ is a member of your assistance group who is a mandatory employment participant. He or she is **required to register for employment services** with an agency funded under the Refugee Assistance Program (RAP). The location of the agency(ies) in your area is included on the attachment to this letter.

_____ is a member of your assistance group who is a mandatory employment participant. He or she **must register for employment** with your local employment agency located at _____

Important Information

For Applicants: Your application will be held pending the return of this form. **Failure to return the completed form could result in denial of your cash assistance and you may be referred for participation in food assistance employment and training if you are an Able Bodied Adult Without Dependents (ABAWD) age 18 through 49.**

For Active Cases: If the member of your assistance group listed above fails to register for employment services without good cause, **the cash assistance for your household may be reduced or stopped and you may be referred for participation in food assistance employment and training if you are an Able Bodied Adult Without Dependents (ABAWD) age 18 through 49.**

The participant is required to cooperate with the employment counselor and cannot refuse a job offer or quit a job because it interferes with any classes taken, unless the classes have been approved by the employment counselor. **Attending classes may not be used as an excuse not to work.** Additional requirements may apply.

ESS Signature _____

Date _____

The following portion of this form serves as proof of the participant's work registration or work participation. It is to be signed by the employment counselor and returned to this office.

For Employment Counselor Use Only:

The above-named registrant has complied with the mandatory registration requirement but has been identified as a Non-Employable Cuban or Haitian Entrant.

The above-named registrant has complied with the mandatory registration requirement.

The above named registrant is no longer complying with the Refugee Assistance E&T Program.

Date of non-compliance: _____

The sanction on the above registrant is lifted for Good Cause Compliance; Date Complied: _____

The above individual is employed. Hire Date: _____ Hourly Wage: \$ _____ # of Hours/Week: _____

Date of 1st paycheck: _____ Paid: weekly biweekly monthly bimonthly

Name of Employer: _____ Telephone #: _____

Employer's Address: _____

Office Address:

Lutheran Services Florida:

3625 W Waters Avenue,

Tampa Fl 33614,

Phone: (813) 877-9303

Ext: _____

Signature: _____

Title: _____

Date: _____