

**DEPARTMENT OF HUMAN RESOURCES
MARYLAND OFFICE FOR NEW AMERICANS
311 West Saratoga Street
Baltimore, Maryland 21201-3521**

Refugee Transitional Cash Assistance (RTCA) Case Opening or Closing Form

PPP Site: _____

CASE OPENING ☐ **CASE CLOSING** ☐ **CHANGE** ☐

1. Case name _____
Last First Middle

Assistance Unit Members (list all names starting with case head)				
Last Name, First, Middle	DOB	SEX	SSN	Alien Number

2. Client Street Address : _____

City: _____ State: _____ Zip Code: _____

3. Client phone number _____ - _____ - _____

4. Country of origin: _____

5. Date of entry into U.S. ____/____/____
(for Asylees date Asylum was granted)

6. VOLAG: _____

7. Is this person part of an R&P case ☐ **Yes** ☐ **No**

If yes, enter the R&P case # _____

8. Is this person an asylee? ☐ **Yes** ☐ **No**

11. Language(s) spoken

Primary _____

Secondary _____

Other _____

9. What is this person's relationship to the head of PPP case?

- ☐ Self
☐ Spouse
☐ Other (Specify) _____

12. Interpreter needed? **Yes** ☐ **No** ☐

13. Comments _____

10. Was this previously a matching grant case? ☐ **Yes** ☐ **No**

14. RTCA Payments (complete Month 1 for **case opening** and the rest for **case closing**)

	Payment Date	Cash Assistance	Payment Date	Rental Assistance	Payment Date	Employment Assistance
Month 1						
Month 2						
Month 3						
Month 4						
Month 5						
Month 6						
Month 7						
Month 8						
Month 9						
Total		\$0.00		\$0.00		\$0.00

15. Indicate the primary reason the cash assistance ended (choose one) :

- ☐ A. Out-migration
☐ B. Achieved self-sufficient income
☐ C. End of eligibility period (reached time limit)
☐ D. Other (specify) _____

Completed by: _____ Date: _____