

(Refugee Case Management or Employment Services Agency Letterhead)

**Massachusetts Refugee Resettlement Program (MRRP)
TRANSMITTAL FORM FOR NON-COMPLIANCE**

To: _____ FAX Number: _____

From: _____ Date: _____

Re (Client Name): _____ Client A Number: _____

A. Reporting of Noncompliance

The above-mentioned client was referred to the _____ program, and is currently in non-compliance for the following reason(s): *(attach additional page(s) if needed)*

- Primary Participant has not been attending classes or otherwise participating in the Refugee Employment Services (RES) program as required by the MRRP Family Employment Plan and the MRRP/service provider participation policies.

Details: _____

- Primary Participant has terminated employment or has refused a reasonable job offer without good cause.

Details: _____

- Secondary Participant has not been attending classes or otherwise participating in RES as required by the MRRP Family Employment Plan and the MRRP/service provider participation policies.

Details: _____

B. Finding *(To be filled out by Case Manager and faxed back to RES Provider):*

- We have determined that the above-mentioned client is in non-compliance, and will not be able to participate in RES activities until back in compliance with RES program requirements. You will be notified of client's agreement to come back into compliance.

- We have determined that the client is **not** in non-compliance for the following reason(s):

and may continue with RES program activities at this time. Please continue to monitor client's progress and contact Case Management if there are any further problems.