*(Refugee Case Management Agency Letterhead)*

## Massachusetts Refugee Resettlement Program (MRRP)

## NOTICE OF GRANT REDUCTION/TERMINATION of BENEFITS and/or SERVICES (NON-COMPLIANCE)

TO: _____

_____

_____

- ❑ You have refused to cooperate in the conciliation process.
- ❑ You have been found to be in non-compliance for a second time after agreeing to come into compliance with the requirements for participation in the Massachusetts Refugee Resettlement Program's (MRRP) Employment Services. These requirements are as set forth at 121 CMR 2.735, the MRRP regulations. The following is a summary of facts:

_____

_____

_____

As a result of your lack of cooperation and/or continued non-compliance, the following benefits and/or services will be terminated:

☐ your portion of Refugee Cash Assistance and access to other MRRP services and benefits for a period of no less than six (6) months.

Your assistant unit's new grant amount will be _____.
You may re-apply for MRRP services again in six (6) months.

☐ your MRRP services (and access to Recertification/Certification Training benefits) for no less than (6) months. You may re-apply for MRRP services again in six (6) months.

☐ your MRRP services (and access to Recertification/Certification Training benefits) for no less than two (2) years. You may re-apply for MRRP services again in two (2) years.

☐ all MRRP services (and Recertification/Certification Training benefits) permanently.

If you have any questions about this notice, please contact your case manager. If you disagree with this decision, you have the right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of one copy of this notice.

| _____ | _____ | _____ |
|---|---|---|
| Case Manager | Date | Telephone |
| _____ | _____ | |
| Supervisor | Date | |

**IMPORTANT: Notice of Request for a Fair Hearing Attached**