

Tennessee Office
 for Refugees

"Be not forgetful to entertain strangers: for thereby some have entertained angels unawares."

State of Tennessee
REFUGEE SERVICES
PLAN

Prepared By

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OVERVIEW

In October 2007, the State of Tennessee sent a letter to the Office of Refugee Resettlement (ORR), expressing their desire to withdraw from the refugee program by June 30th of the following year.

In March, the Office of Refugee Resettlement named Catholic Charities of Tennessee, Inc. the replacement designee for the state of Tennessee for refugee programs. In order to create separation between the local USCCB affiliate program at Catholic Charities and this state office, the agency created a separate department, the Tennessee Office for Refugees (TOR), to administer this program.

The director of TOR is Holly Johnson, the State Refugee Coordinator. She works with all of the VOLAGs in the state to coordinate refugee services. Five national voluntary agencies are represented in the state of Tennessee. The United States Conference of Catholic Bishops has affiliates in Nashville and Memphis, and World Relief has a Nashville affiliate. Bridge Refugee Services, a collaboration of two national voluntary agencies (Church World Service in Knoxville and Episcopal Migration Ministries in Knoxville and Chattanooga), is administered out of their offices in Knoxville. There is the possibility of a sixth voluntary agency to have an affiliate office in Tennessee; Kurdish Human Rights Watch (KHRW) has submitted an application to PRM to be selected as a provider of R&P services under a cooperative agreement with the Department of State. KHRW has a Nashville affiliate.

The Tennessee Refugee Program enables each agency to serve their clients in the manner best suited to its unique resettlement program and clientele. The funding received from ORR helps refugees statewide access cash and medical assistance, medical screenings, language training, and employment services that meet their individual needs. The goal of all of these programs is self-sufficiency.

This document outlines the Refugee Services State Plan for Tennessee.

A. Organization and Department Structure

The Tennessee Office for Refugees is the department of Catholic Charities that administers the state resettlement program. Catholic Charities is responsible for developing the state plan, and for administering this plan in accordance with ORR regulations. In administering this plan, Catholic Charities will serve as the lead agency for coordinating resettlement activities statewide.

The director of this department serves as the State Refugee Coordinator. The director and assistant director are full-time positions and work 100% in this state office. The Tennessee Office for Refugees administers both the RCA and RMA components of the statewide refugee resettlement program, as well as subcontracts for social services, targeted assistance, and school impact grants.

Within the Tennessee Office for Refugees (TOR), there is a team of staff each with their own focus. The Refugee Health Coordinator manages the RMA and medical screenings components of the statewide program. The Refugee Cash Assistance Coordinator, together with two RCA Specialists (1.5 FTE), administer the RCA component of the program. There is also a .5 FTE social services specialist who, together with the assistant director, manage the social services component of the program. The assistant director will also work with school impact and targeted assistance grant programs. There are three fiscal services staff, composed of an assistant controller at 60% and two staff accountants (total of 1.5 FTEs); these individuals will participate in financial monitoring of subcontractors as well as prepare checks, journal entries, and maintain the general ledger. The Office Manager is charged with coordinating the flow of work in the TOR office. The director will focus on contracts, the relationship with ORR, financial management of the grants, and program policies and procedures. All positions in the state office are full-time positions (the .5 RCA Coordinator and .5 Social Services Coordinator constitute one full-time employee, and the fiscal staff that are part-time in this program are full-time employees of the overall organization. Please see attached organizational chart for department structure, as well as attached job descriptions for more detail on individual responsibilities within the department.

Catholic Charities has five other departments: Family Assistance and Community Employment, Refugee Services, Adoptions and Pregnancy Counseling, Social Services, and Management Services. The Tennessee Office for Refugees is the agency's largest department in terms of overall program budget.

B. Refugee Cash and Medical Assistance

1. Refugee Cash Assistance

Tennessee's RCA program is statewide, and is a true partnership between TOR and its contracted partners (local affiliates). TOR will enter into subcontract agreements with all local affiliates to handle the eligibility and enrollment functions of the state office through an RCA/RMA Eligibility Caseworker in each VOLAG. The staff at each affiliate will determine the eligibility for the program, communicate the payment levels to their clients, administer the RCA orientation and complete enrollment paperwork, and fax this paperwork to the TOR office. Once the paperwork is received by TOR, the client will be enrolled in the MNU system and/or their first RCA check will be requested.

a. Eligibility

Immigration Status.

In order to enroll in the program, a client must meet immigration status and identification requirements or be the dependent children of, and part of the same filing unit as, individuals who meet the requirements. To meet these requirements, an applicant must provide proof, in the form of documentation issued by the United States Citizenship and Immigration Service, of one of the following statuses under the Immigration and Naturalization Act:

- For refugees:
 - Documentation under Section 212(d)(5)
 - Documentation under Section 207
 - Visa 93 or V-93 notation on I-94 (spouse or child)
- For asylees (asylees are eligible for refugee assistance and services beginning on the date that they are granted asylum. These services include RCA, RMA, Social Services, Targeted Assistance, and Match Grant, as well as any services provided by an ORR discretionary grant. Under ORR policy, an asylee's entry date will be the date that the individual is granted asylum in the United States):
 - INS Form I-94 Arrival/Departure Card noting that the individual has been admitted under Section 208 of the INA
 - INS Form I-94 Arrival/Departure Card with the admission codes AS-1, AS – 2, or AS – 3
 - INS Form I-94 Arrival/Departure Card with Visa 92 (or V-92)
 - I-766 (Employment Authorization Document) with A05
 - I-688B (Employment Authorization Document) with 274a.12(a)(5)
 - INS Form I-571 (Refugee Travel Document)
 - Asylum Approval Letter from the Department of Homeland Security (DHS)
 - Immigration Judge Order (Appeal Waived/Reserved)

- BIA (Board of Immigration Appeals) Decision
- I-730 (Relative Petition) Approval Letter
- For Cuban and Haitian entrants:
 - Cuban and Haitian Parolees (those granted status as a Cuban/Haitian Entrant (Status Pending) and given parole on or after October 10, 1980):
 - I-94 with “Cuban/Haitian Entrant (Status Pending)”
 - I-94 showing parole after October 10, 1980
 - I-551 (“Green Card”) with CH6 adjustment code
 - Cuban or Haitian passport with a parole stamp
 - Cuban and Haitian “In Proceedings” (any national of Cuba or Haiti who is the subject of removal proceedings under the INA and with respect to whom a final, nonappealable, and legally enforceable order of removal has not been entered)
 - Orders to Show Cause
 - I-862 (Notice to Appear)
 - EADs with C10 code (application for suspension of deportation)
 - EOIR-26 Notice of Appeal
 - Cuban and Haitian Asylum Applicants (any national of Cuban or Haiti who has an application for asylum pending with the DHS and with respect to whom a final, nonappealable, and legally enforceable order of removal has not been entered”
 - DHS receipt for filing I-589 (Application for Asylum)
 - EADs with C8 code (asylum applicant)
 - Cuban or Haitian Applicants for Asylum at Ports of Entry (Cuban Nationals who enter the US at a Port of Entry other than Miami are placed by Customs and Border Protection into Section 240 proceedings. The “Purpose” section of the I-94 is annotated: “Cuban Parolee (CC); pending 240 hearing.”
- For Amerasians:
 - I-94 with AM – 1, 2, 3
 - I-551 (“Green Card”) with AM – 6, 7, 8
 - Vietnamese passport or exit visa with AM – 1, 2, 3
 - US passport with AM – 1, 2, 3
- For Victims of a Severe Form of Trafficking (resettlement agencies should assist victims of trafficking in the application of benefits in the same manner as refugees except:
 - Call the trafficking victim verification hotline at 1-866-410-5510 to confirm the validity of the certification and to notify ORR of the benefits in which the client has applied.

- Note the “Entry Date” for refugee benefits purpose. The entry date is the certification date. The Entry Dates serves as the “date of arrival for eligibility purposes”.
- Provide ORR benefits to the same extent as refugees, including conducting an income determination.
- Record the expiration date of the certification letter so that benefit granting agencies can conduct redeterminations whenever necessary.
- Notify the State Refugee Coordinator of the presence of a victim of trafficking in the affiliate caseload.)
- ORR Certification Letter (over 18)
- ORR Minor Eligibility Letter (under 18)
- Lawful Permanent Residents (LPRs)
- Populations Not Eligible for ORR Benefits:
 - Conditional Grant of Asylum
 - Lautenberg Parolees

Income.

The refugee must meet the income eligibility criteria established by the Tennessee Office for Refugees. Clients that meet all other eligibility criteria are eligible to receive RCA as long as the household income does not exceed 150% of the federal poverty level. Eligibility staff will conduct an initial determination on the first day of enrollment and should re-determine the household’s income eligibility every month until the client is working or is no longer time-eligible.

Household Composition.

Newly-arrived single adults and married couples without minor children are categorically eligible to receive RCA. An affiliate may register any healthy single adult or childless couple in RCA that is not participating in the Match Grant program – without first making an application for TANF.

A single adult(s), even when arriving with other case members who share the same case number, should be considered as a separate household for the purposes of conducting income eligibility. For example, a 55 year-old woman arrives with her adult daughter and no other case members. Though the women may share an apartment, for the purposes of determining RCA eligibility the women are two separate households.

Families with children aged 18 or younger who may be categorically eligible for TANF are eligible for RCA only if the application for TANF is denied. These families must first apply for public cash assistance through the appropriate Department of Human

Services. A copy of the denial letter must accompany the RCA application and be retained in the case file; the client will not be deemed eligible without this documentation.

Time.

A client is eligible for RCA beginning upon the date s/he arrives in the United States and remains eligible for eight months after this date.

Age/Disability.

The affiliate must refer refugees who are 65 years of age or older, or who are blind or disabled, promptly to the Social Security Administration to apply for Supplemental Security Income. The affiliate must also determine eligibility for RCA and, if deemed eligible, provide the client with RCA until eligibility for cash assistance under the SSI application has been approved, or until client no longer meets the eligibility criteria for RCA.

Student Status.

A client who is a full-time student of higher education is not eligible for RCA.

Joining Spouses.

If spouses arrive separately, the established spouse's income should be considered when determining income eligibility for a newly arriving spouse using the income criteria for a household of two. Spouses who are eligible for RCA but arrived in the United States on different dates will have separate closure dates for RCA.

If the established spouse is no longer time eligible for RCA or not eligible for RCA due to his/her immigration status (i.e. citizen), the income eligibility determination for the newly arrived spouse should still be conducted using the income criteria for a household of two.

If a newly arriving spouse arrives with dependent children and are denied TANF, eligibility staff should conduct an income determination on the household size that includes the established spouse, newly arriving spouse and dependent children. The newly arriving spouse is required to present a denial letter from the TANF office to be considered for RCA eligibility.

If a newly arriving spouse is deemed income ineligible for RCA, s/he is still eligible for employment services and other social services.

Separated Spouses.

Occasionally spouses will separate while still time eligible for RCA. If one of the spouses moves out of the household to a separate apartment, the affiliate should consider these clients to be two single households, instead of a case of two.

Secondary Migrants.

An affiliate registering a secondary migrant must verify with the sponsoring agency in the originating city or with the welfare office in the originating state that any cash assistance the client may have been receiving in that state has been terminated. An affiliate registering a secondary migrant for cash assistance must also verify that the refugee had not quit, refused a job, or been terminated from a job within 30 days of their application for cash assistance.

A secondary migrant must still be time eligible for cash assistance and time eligibility begins when the secondary migrant entered the United States – not when the client migrated to Tennessee.

b. Payment Levels

Payment levels in Tennessee are as follows:

- Family of 1: \$335
- Family of 2: \$450
- Family of 3: \$570
- Family of 4: \$685
- Family of 5: \$755
- Family of 6: \$825
- Family of 7: \$895

c. TANF Levels

State TANF levels are significantly lower than the RCA levels. They are as follows:

- Family of 1: \$95
- Family of 2: \$142
- Family of 3: \$185
- Family of 4: \$226
- Family of 5: \$264
- Family of 6: \$305
- Family of 7: \$345

d. Employment Incentives/Income Disregards and Method of Payment

At this time, there are no employment incentives in the RCA program. We chose to

structure the program as simple as possible in our first year in order to gain experience in administering a public benefits program.

Affiliates are prohibited from considering resources remaining in the applicant's country of origin or from considering a sponsor's income and resources (unless meeting the description of Joining Spouses—see section 4.2.6 below) when determining eligibility. In addition, ORR has added a requirement that prohibits States from considering any monies provided to the refugee or entrant through the Department of State or Department of Homeland Security when determining eligibility for refugee cash assistance. (45CFR.400.59(d))

All RCA payments will be issued by check made payable to the principal applicant on the client enrollment form. A voucher accompanies each check to confirm that it was received by the client.

e. Access to RCA

Eligible refugees in the state will have reasonable access to RCA. Enrollment services are available in all resettlement communities in Tennessee (Knoxville, Chattanooga, Memphis, and Nashville).

f. Procedures to Ensure Appropriate Protections and Due Process

Checks are cut from the TOR office every Tuesday and Thursday. Check requests are issued as clients are enrolled, and they would likely receive their first check within 10 days after enrollment (assuming all information is complete and accurate). All information received by TOR is double-checked by RCA staff in that office, prepared by the office manager, and reviewed and approved by the state coordinator. Because of these multiple layers of oversight, underpayments or erroneous payments should be rare.

The regular monthly check run for ongoing RCA payments occurs on or around the 25th of each month so that they can be mailed to the local affiliate in time for distribution at the beginning of the month. Underpayments can be corrected quickly and easily because of the ongoing check runs.

All recipients of RCA receive at least ten days' notice before their payments will be reduced or terminated. This notice is in written format, and includes contact information so that the client can dispute the action if they feel it is incorrect.

The grievance procedure, due process, and fair hearing procedure include the right to mediation, a pre-determination hearing, and an appeal to an independent entity.

g. Proposed Exemptions from Participation in Employment Services

An applicant or recipient will be considered employable unless the applicant or recipient is:

- i. under age 18 and a full-time student;¹

- ii. ill, when determined on the basis of sound medical evidence that the illness or injury is serious enough to temporarily prevent entry into employment or training;
- iii. incapacitated, when determined by a physician or licensed or certified psychologist that a physical or mental impairment, by itself or in conjunction with age, prevents the individual from participating in employment or training;
- iv. 65 years of age or older;
- v. caring for another member of the household who has a mental or physical impairment which requires, as determined by a physician or licensed or certified psychologist, care in the home on a substantially continuous basis, and no other appropriate member of the household is available;
- vi. a parent or caretaker relative of a child under the age of one who personally provides full-time care of the child with only very brief and infrequent absences from the child;
- vii. working at least 30 hours a week in unsubsidized employment expected to last a minimum of 30 days. This exemption continues to apply if there is a temporary break in full-time employment expected to last no longer than 10 workdays.
- viii. pregnant if it has been medically verified that the child is expected to be born in the month in which such registration would be required or within the next 3 months.

Inability to communicate in English does not exempt a refugee from enrolling in employment services, participating in employability service programs, carrying out a job search, and accepting an appropriate offer of employment.

h. Description of the Employment/Self-Sufficiency Services Provided to RCA Recipients

All refugees receiving RCA are required to register for employment services within ten days of enrolling in RCA. In almost every instance, the client would receive employment services from the same agency that enrolled them in RCA; the referral would be relatively seamless. This process not only ensures the client is provided with employment services, but that once employed, the information related to job placement and income is relayed quickly and accurately to the eligibility staff. Every month, the eligibility staff will follow-up with caseworkers to ensure that the client is not yet working but is still compliant with their Family Self-Sufficiency Plan.

In addition to employment services, refugees receiving RCA will also receive case management (or social adjustment) services to ensure they ultimately achieve the goal of self-sufficiency.

i. Procedures for Providing RCA to Eligible Secondary Migrants

Secondary migrants will be served in the same manner as those resettled through one

of the local affiliates in the state, meeting the same criteria and eligibility guidelines.

j. Procedures for Safeguarding the Disclosure of Information Regarding Clients

All client information will be treated with the strictest of confidence, and will be accessed by TOR staff on a need to know basis only. Information requests by other organizations will not be honored. Business Associate agreements will be signed with partner agencies so that information can be shared, as needed.

k. Preparation of Local Resettlement Agencies

Local resettlement agencies have participated in two meetings with TOR staff and ORR, as well as a training that described (and provided the paperwork, regulations, and sections of the policy/procedure manual) the process whereby clients enroll in RCA and RMA. These trainings, however, will be ongoing, and in late August, TOR staff will be conducting on-site training for VOLAG staff on RCA and RMA enrollment procedures and proper linkage to employment and other social services.

2. Refugee Medical Assistance

The resettlement agencies are responsible for determining eligibility for RMA for all clients resettled by their agencies. Resettlement agencies are also responsible for scheduling physicals and accessing any necessary medical follow-up, unless the follow-up is being carried out through a friend or relative.

Those clients not eligible for TennCare (the state's Medicaid program) will be enrolled in the MNU (MultiNational Underwriters, Inc.) insurance program. Refugee resettlement agencies are responsible for providing orientation to all new enrollees concerning MNU coverage as well as a basic introduction to the American health care system as it exists in Tennessee and assisting clients in enrolling in the employer provided health plan if a client so chooses. The orientation provided to each enrollee includes information related to the requirement for pre-authorization for certain medical expenses as well as the need to use a participating provider.

MNU's coverage begins on the client's date of arrival/eligibility – or, for secondary migrants, their date of arrival in Tennessee. Eligibility is determined by refugee resettlement agencies and the enrollment form is submitted to the Tennessee Office for Refugees for online enrollment.

Clients will be terminated from MNU coverage when they are no longer time-eligible, out-migrate to another state, or become eligible for TennCare. Clients will not be terminated due to a loss of cash assistance or non-compliance with an employment plan. Established income standards apply only to initial eligibility determination.

In the event of a qualifying condition for termination, MNU will receive timely notice from the Tennessee Office for Refugees.

MNU coverage mirrors TennCare pretty closely. The highlights of the plan are as follows:

- There is no deductible or co-pay for in-network providers
- There is a \$75,000 policy period maximum
- Hospital room and board charges are based on the semi-private room rate
- Office visits for illness are covered at 100%, as well as diagnostic lab tests, x-rays, ultrasounds, CT scans, and MRIs related to the illness
- Surgery and anesthesia charges by a physician
- Radiation and chemotherapy
- Well-woman visit and pap smear, plus a screening mammogram for women over age 40
- Ambulance transport if resulting in hospitalization (maximum of \$2,500)
- Emergency room charges if directly admitted to the hospital
- Hearing aid, up to \$1,400 per year, and related services by audiologist
- Extended care facility and home nursing: daily maximum of \$100, policy maximum of \$5,000
- Emergency dental treatment to alleviate acute onset of pain: \$250 maximum per policy period; treatment must be obtained within 24 hours of the sudden and unexpected occurrence of pain
- No co-pay for prescriptions that are medically necessary and related to a covered condition

C. Language Training/Employment Services

All areas of the state have a contract (as part of social services grant) to provide English Language Training. Most of these classes occur outside of regular working hours, and are offered either in the refugee's home or in convenient locations around town. The priority for these classes are those who recently arrived in the United States and/or are receiving RCA. Most classes are for those with minimum English.

Clients receiving RCA must enroll in employment services within ten business days; enrollment occurs in the same agency as the client was enrolled in RCA so in almost every case, the referral is simultaneous.

D. State Refugee Coordinator

The State Refugee Coordinator in Tennessee is Holly Johnson. Please see section A, above, for more information about the office or agency structure.

E. Unaccompanied Refugee Minors

We do not have a URM program in Tennessee.

F. Refugee Health Screenings

1. Medical Screening

The overarching purpose of the domestic health screening is to verify the overseas screening results and identify any health condition that poses a threat to the individual's or public's health.

These medical screenings involve the coordination of state, local and community agencies and are arranged to be performed in a consistent manner statewide within the first 30 days, per the State Department's Operational Guidance. Critical to the success of the medical screening program is to ensure that follow-up occurs (evaluation, treatment, observation and/or referral) for Class A and B conditions identified overseas, to identify persons with communicable diseases of potential public health importance and facilitate public health surveillance, and to identify personal health conditions that adversely impact on effective resettlement (e.g. job placement or attending school).

Case workers from the local affiliates arrange for the medical screenings to be conducted within 30 days of the refugee's arrival in the state and assist in the coordination of services for any necessary follow-up appointments for identified conditions. TennCare contracts with Health Assist to provide bi-lingual assistance with questions regarding Medicaid benefits and to answer provider inquiries. MultiNational Underwriters (MNU) can communicate with their members by using the Language line, and are available 24 hours a day, 7 days a week to answer questions. MNU is the RMA provider for those refugees not eligible for TennCare.

Siloam Health Care Services, Inc. schedules and provides medical screenings for refugees resettling in the Middle Tennessee area and has contracted with local health departments and community clinics in east and west Tennessee to provide medical screenings in their respective areas. This provides a comprehensive and coordinated approach to health care delivery that is accessible to the client, flexible in its approach, and utilizes a variety of community resources to ensure that refugees are introduced effectively to local health resources and to the health care system in general. Simultaneously these coordinated services also lend themselves to improving the overall health care delivery system for newly arrived refugees and to improving the cultural competence of the medical providers responding to health issues of refugee populations.

Periodically, health advisories or screening recommendations are issued by the Centers for Disease Control and Prevention (CDC) or the Office of Refugee Resettlement (ORR). Since 2004, the CDC has issued revised Lead Screening Guidelines for Refugee Children, Presumptive Treatment Recommendations for Somali Bantu, and Presumptive Treatment Recommendations for Sudanese refugees. Refugee health providers are expected to implement all screening and treatment recommendations for refugees endorsed by the CDC or ORR, as they are able.

In addition to coordinating statewide goals and objectives for the refugee health program and working collaboratively with other organizations in the implementation of these goals, TOR will work independently and with partner organizations to identify emerging health issues among newly-arrived and longer-term resident refugees based upon health assessment data and recommend appropriate responses to the problem in consultation with medical experts, to determine gaps in service and or utilization and conduct follow-up to determine how to fill those gaps, to conduct or coordinate training for providers and interested parties in cultural competency in primary care, public health and other health education topics, to establish and develop networks and communities of practice addressing and serving refugee health priorities, and to advocate for improved health care services to refugees in Tennessee towards the goal of improving health outcomes and quality of life for refugee populations across the state.

2. Pandemic Influenza Planning

The Tennessee Department of Health (TDH) - Bureau of Health Services Communicable and Environmental Disease Services (CEDS) is the agency responsible for providing public health planning for pandemic influenza. Under the direction of the State Epidemiologist, the Medical Director of the Immunization Program will coordinate the department's preparedness activities with regional and local health departments and other stakeholders. The Tennessee Office for Refugees (TOR) will endeavor to protect refugee clients and their respective communities from possible morbidity, ensuring access to and continued utilization of, whenever possible, health services. TOR will also identify and convey concerns regarding the state's refugee population and existing or potential barriers to refugees' receipt and understanding of information provided to the general public through the States standard dissemination practices.

As public education and empowerment of individuals, families and communities to act to protect themselves are primary foci of state planning efforts, TOR will communicate population-specific, evidence-based information germane to minimizing morbidity and mortality among refugees and as well as to ensure the continued social and economic well-being of refugee populations. In pursuit of this, TOR will maintain data on refugee arrivals to the state and will avail this information as needed to state emergency preparedness planning personnel.

TOR, working with resettlement agencies and Mutual Assistance Associations (MAA), will encourage work with refugee-specific populations and local emergency planning entities in their communities to both develop local strategies to meet the needs of these populations and to convey information about identified local needs to TOR, so that TOR can effectively represent refugee populations in statewide preparedness planning.

The TDH is the lead agency in the design and implementation of public health measures in the event of a pandemic. Refugee resettlement agencies and MAAs will be aware of the information disseminated to the public by the TDH and will be instrumental in making sure that this information is accessible to LEP populations of refugees. TOR will coordinate statewide dissemination of this information produced by refugee resettlement

agencies and MAAs.

All media contact, in the event of pandemic influenza, is managed by the TDH's Communications Director's office to ensure that accurate and timely information is provided to the public. During a state of emergency, in coordination with the State Emergency Information Director's office, regular briefings will be conducted as necessary. Local planning and response entities will address how to coordinate updates on local situations with public health, hospitals, and public officials and deemed appropriate. TOR will facilitate communications as outlined in the previous paragraph as well as serve as the main contact for emergency communications between the Office of Refugee Resettlement and refugee services within the state.

G. Non-Discrimination Policy

Catholic Charities of Tennessee, Inc. adheres to Title VI guidelines, and does not discriminate in its hiring practices nor in who is served through programs in this agency. Our agency policies require that we do not discriminate on the basis of race, religion, nationality, sex, or political opinion, and we will require the same of our partners as outlined in their subcontract.

H. Quarterly Collaborative Meetings

The Tennessee Office for Refugees will convene meetings at least quarterly for all members of the collaborative (funded partners). These meetings are expected to last most of the day, and will likely include the following components:

1. Work session: TOR staff and partner agencies will work together to determine priorities for targeted assistance funding as well as create uniform forms and file organization for refugee resettlement throughout the state (these are examples of work sessions already identified)
2. Information sharing: partner agencies will have the opportunity to share best practices and lessons learned about their program components, and can brainstorm solutions to common problems
3. Training: this part of our quarterly meeting will enable us to either provide ongoing training to funded partners about procedures and expectations under their subcontract, or to bring in an outside speaker with expertise in a field that would be useful to the statewide collaboration in their work

There are meetings – or parts of meetings – where agencies or other community members who are not funded would be invited to attend or participate as appropriate. An example of this would be a representative from the social security administration to describe the process for issuing a social security card, explain why delays may occur, and inform us of the best way to proceed with the administration when we experience a delay.

I. Assurances

In conducting the business of the state refugee program, TOR will do the following:

1. Comply with the provisions of title IV, Chapter 2, of the Act and official issuances of the Director
2. Meet the requirements in 45 CFR 400
3. Comply with all other applicable Federal statutes and regulations in effect during the time that we are receiving grant funding; and
4. Amend the plan as needed to comply with standards, goals, and priorities established by the Director.

J. Attachments

Included are the following supporting documents:

1. Organizational chart
2. TOR individual job descriptions
 - a. Department Director
 - b. Assistant Director
 - c. Refugee Health Coordinator
 - d. RCA Coordinator
 - e. RCA Specialist
 - f. Social Services Specialist
 - g. Office Manager
 - h. RCA/RMA Eligibility Caseworker
 - i. Assistant Controller
 - j. Staff Accountant