

Refugee Health Program Arrival Notification Instructions

UPDATED DECEMBER 2023

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Page 1 – Arrival Notification

Referral procedure for Private Sponsors and Parolees

This section is specific for Private Sponsors and Parolees to help guide you through the form.

Welcome Corps

Section 1: Submitter Information

| Submitter Information | |
|--|--|
| What is your name (first and last name)? * must provide value Name of person completing this form. | Enter the first and last name of the submitter. |
| What is your email? * must provide value | This is the email of the submitter. |
| What is your phone number? * must provide value | This is the phone number of the submitter. |
| Which of the following best describes you? * must provide value I work at a Resettlement Agency I am a Private Sponsor I work in Local Public Health I work for a Community-Based / Non - Profit Organization I am a parolee / refugee / asylee Other | This is the type of organization the submitter works with or who the submitter is. In this case, the submitter is a private sponsor through Welcome Corps, Uniting for Ukraine, or another humanitarian parolee program. |

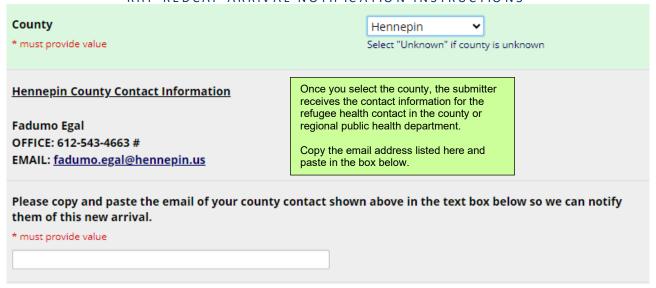
| What program is this family being sponsored through? | | |
|--|--|-------|
| * must provide value | This is the program the submitter is using | |
| Welcome Corps | to sponsor the family. | |
| O Uniting for Ukraine | | |
| O Cuban - Haitian Entrant Program | | |
| Refugee Resettlement Agency / Reception and Placement | t | |
| O Not Applicable | | |
| | | reset |
| What Private Sponsor Organization (PSO) is the private s | ponsor working with? | |
| * must provide value | This is the Private Sponsor Organization (PSO) that the submitter is working with. If the PSO | |
| ○ Alight | isn't listed, choose "Other" to create a text box. This question only shows up with the Welcome | |
| O HIAS | Corps selection. | |
| Other | | |
| | | reset |

Section 2: Sponsorship Information

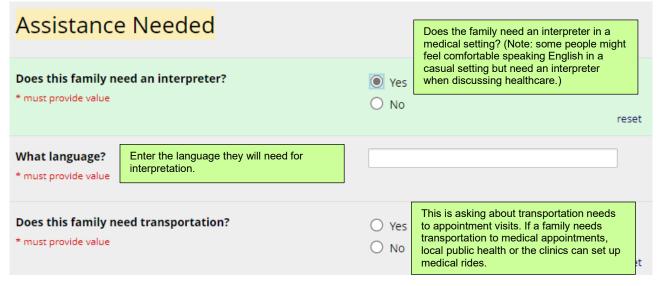
| Sponsorship Information | This is the sponsor's first and last name. If there are multiple sponsors, enter the person who should be contacted to discuss health related items. |
|----------------------------------|--|
| Sponsor's name (first and last): | Angie Rudol If none, leave blank |
| Angie Rudol 's phone number: | |
| Angie Rudol 's email: | |

Section 3: Arriving Family Information

| Arriving Family Information | | |
|---|--|---|
| Nationality of prin | cipal applicant/head of household: | ~ |
| * must provide value | This is the nationality of the head of househo | ld, also known as the <u>principal applicant.</u> |
| Family File Number | er: | |
| This is the family's f | ile number. | Format: HB-111111 |
| Date of arrival to t | the United States: | Today M-D-Y |
| How many total fa | mily members? | |
| * must provide value | | Number of people on assurance form |
| The number of peop the assurance form. | ole in the family who resettled together. Case m | anagers should put the number of people on |
| New arrival phone | number | |
| * must provide value | Phone number that can be used to reach the newcomer. | If unknown, enter "000-000-0000" |
| Street address * must provide value | Address of newcomers. Do not put the sponsor or US tie address unless the family will be living there. | If unknown, enter "Pending" |
| City * must provide value | | If unknown, enter "Pending" |
| Zip code * must provide value | | If unknown, enter "Pending" |
| County * must provide value | County of residence. If you are not sure, you can enter the address at https://pollfinder.sos.state.mn.us | Select "Unknown" if county is unknown |



Section 4: Assistance Needed



Section 5: Relevant Documents Upload

Relevant Documents Upload

In this section, upload the documents listed if available. If they are not available or unknown, leave blank.

Please attach the 194 or other immigration documentation:

<u> Upload file</u>

Please attach the family assurance form

<u> Upload file</u>

Please attach any relevant biodata, SMC forms, or other medical documentation:

Arrival comments:

Please identify medical conditions for any of the family members. If there are multiple family file numbers for the same family, please note the other family members' family file number. Family members who have different family file numbers should be entered on different referral forms.

Expand

Please move onto the instructions section labeled "Page 2 – Principal Applicant", where the instructions are more generalized.

Move to Next Page

Uniting for Ukraine and Cuban - Haitian Entrant Program

ALERT: Ukrainian Humanitarian Parolees who arrive on or after 10/01/2023 are no longer eligible for federal Office of Refugee Resettlement (ORR) benefits (including the Refugee Health Assessment) unless they meet specific family reunification criteria (found in the attachment below).

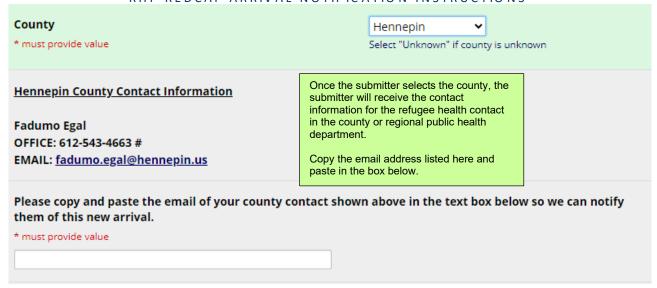
Regardless of eligibility for ORR benefits, the Minnesota Department of Health will continue helping Ukrainian Humanitarian Parolees connect to their required tuberculosis (TB) tests and immunizations. Completing this form will help ensure that the new arrivals receive appropriate services. If you have questions about eligibility, please email refugeehealth@state.mn.us.

Section 1: Submitter Information

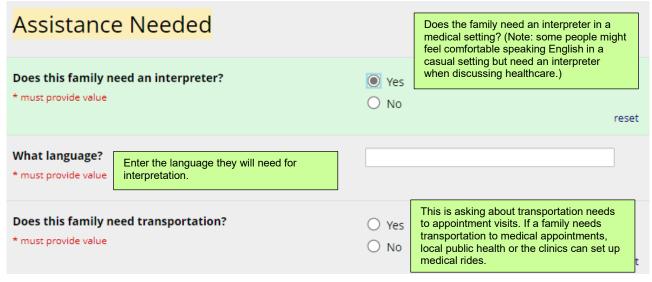
| Submitter Information | | |
|--|---|-------|
| What is your name (first and last name)? * must provide value | First and last name of the submitter. | |
| What is your email? * must provide value | Email address of the submitter. | |
| What is your phone number? * must provide value | Phone number of the submitter. | |
| Which of the following best describes you? * must provide value I work at a Resettlement Agency I am a Private Sponsor I work in Local Public Health I work for a Community-Based / Non - Profit Organization | This is the type of organization the submitter works with or who the submitter is. In this case, you are a private sponsor through Uniting for Ukraine, Cuban – Haitian Entrant Program, or another humanitarian parolee program. | |
| I am a parolee / refugee / asylee Other What program is this family being sponsored through? * must provide value | This is the program that the submitter is using to sponsor the family. | |
| Welcome Corps Uniting for Ukraine Cuban - Haitian Entrant Program Refugee Resettlement Agency / Reception and Placement Not Applicable | 3 To a province of the second | reset |

Section 2: Sponsorship Information

| Sponsors | hip Information | | onsor's first and last name. If there are multiple sponsors, son who should be contacted to discuss health related |
|--|---|------------------|--|
| | | | |
| Sponsor's name (f | irst and last): | | Angie Rudol |
| | | | If none, leave blank |
| | | | |
| Angie Rudol 's pho | one number: | | |
| | | | |
| Angie Rudol 's em | ail: | | |
| | | | |
| Section 3: Arriving | g Family Information | | |
| Arriving E | amily Information | _ | |
| Alliving F | amily Information | ı | |
| | | | |
| Nationality of pri | ncipal applicant/head of househ | old: | - |
| * must provide value | | | |
| | y of the head of household, also know | n as the princip | pal applicant. |
| | | | |
| | the United States: | | Today M-D-Y |
| The date of arrival to | o the United States. | | |
| How many total fa | amily members? | | |
| * must provide value | | | Number of people on assurance form |
| The number of peop the assurance form. | le in the family who resettled together. | Case manage | ers should put the number of people on |
| New arrival phone | e number | | |
| * must provide value | Phone number that can be used to newcomer. | reach the | If unknown, enter "000-000-0000" |
| | | | |
| | | | |
| Street address | Address of newcomers. Do not put the | | |
| | ponsor or US tie address unless the fa vill be living there. | amily | f unknown, enter "Pending" |
| V | will be living there. | | |
| City | | | |
| City | | | f 1 |
| * must provide value | | l' | f unknown, enter "Pending" |
| | | | |
| Zip code | | | |
| * must provide value | | H | f unknown, enter "Pending" |
| | | | |
| County | County of residence. If you are not s | ure, | ~ |
| * must provide value | you can enter the address at https://pollfinder.sos.state.mn.us | 9 | Select "Unknown" if county is unknown |



Section 4: Assistance Needed



Section 5: Relevant Documents Upload

| Relevant Documents Upload |
|--|
| Please attach the 194 or other immigration documen |

In this section, upload the documents listed if available. If they are not available or unknown, leave blank.

<u> Upload file</u>

Please attach the family assurance form

<u> Upload file</u>

Please attach any relevant biodata, SMC forms, or other medical documentation:

<u> Upload file</u>

Arrival comments:

Please list the number of family members and information about any medical conditions, including the type of medical condition and the identity of the person with the medical condition. U4U referrals won't have file numbers.

Expand

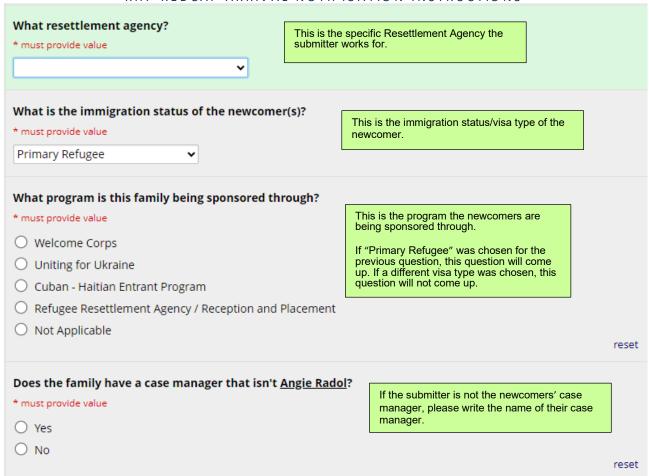
Please move onto the instructions section labeled "Page 2 - Principal Applicant", where the instructions are more generalized.

Move to Next Page

Referral procedure for Resettlement Agencies

Section 1: Submitter Information

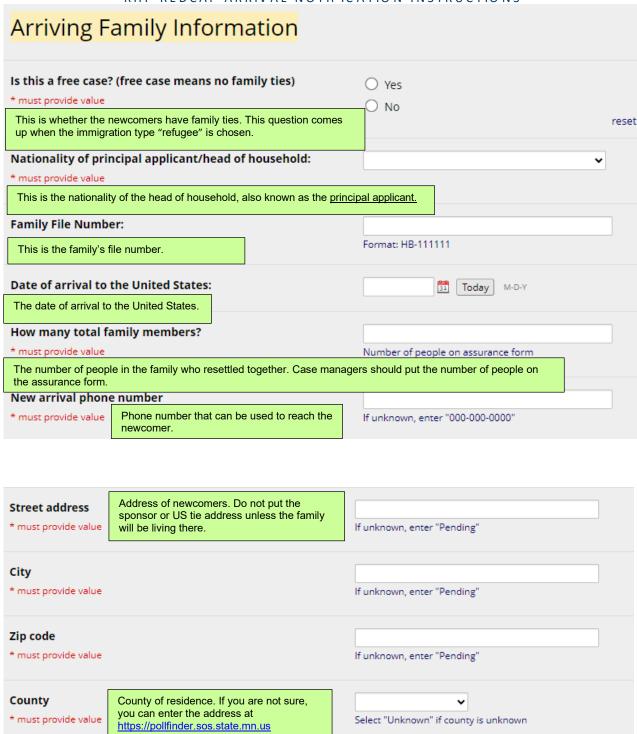
| Submitter Information | |
|---|---|
| What is your name (first and last name)? * must provide value Name of person completing this form. | Enter the first and last name of the submitter. The name written here will show up in a later question: "Does the family have a case manager who isn't?" |
| What is your email? * must provide value | This is the submitter's email. |
| What is your phone number? * must provide value | This is the submitter's phone number. |
| Which of the following best describes you? * must provide value I work at a Resettlement Agency I am a Private Sponsor I work in Local Public Health I work for a Community-Based / Non - Profit Organization I am a parolee / refugee / asylee | This is the type of organization the submitter works with. In this case, the submitter works with a Resettlement Agency. |

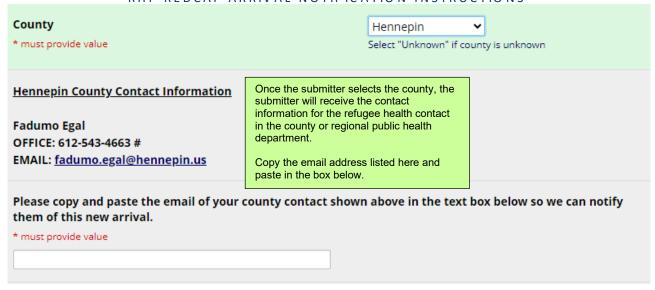


Section 2: Sponsorship Information

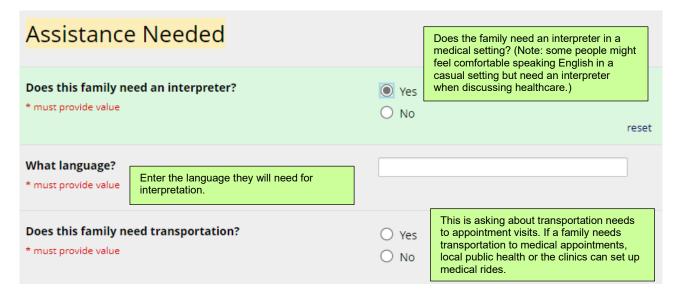


Section 3: Arriving Family Information





Section 4: Assistance Needed



Section 5: Relevant Documents Upload

| Relevant Documents Upload | In this section, upload the documents listed if available. If they are not available or unknown, leave blank. |
|--|---|
| Please attach the I94 or other immigration documentation: | l94s are not required for refugee arrivals. Please upload them for parolee, asylee, and SIV arrivals. |
| Please attach the family assurance form <u>Upload file</u> | |
| Please attach any relevant biodata, SMC forms, or other med <u>Upload file</u> | dical documentation: |
| Arrival comments: Please identify medical conditions for any of the family members. If the | |
| family, please note the other family members' family file number. Fam numbers should be entered on different referral forms. | hily members who have different family file Expand |
| Please move onto the instructions section labeled "Page 2 – Principal Applicant", where the instructions are more generalized. Move to Next | Page |

Referral procedure for Local Public Health and Community-Based/Non-profit organizations

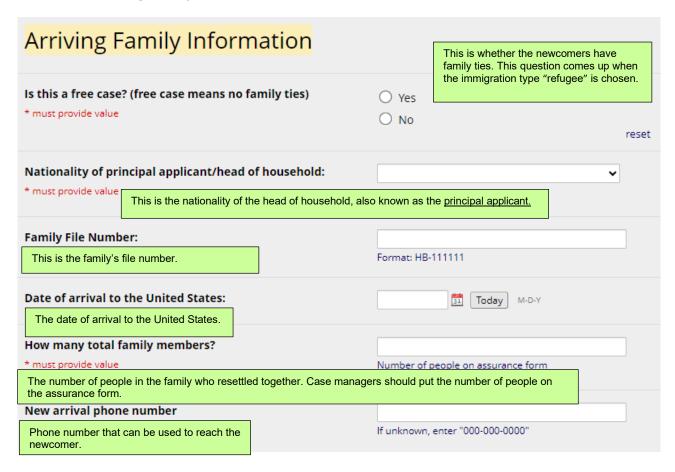
Section 1: Submitter Information

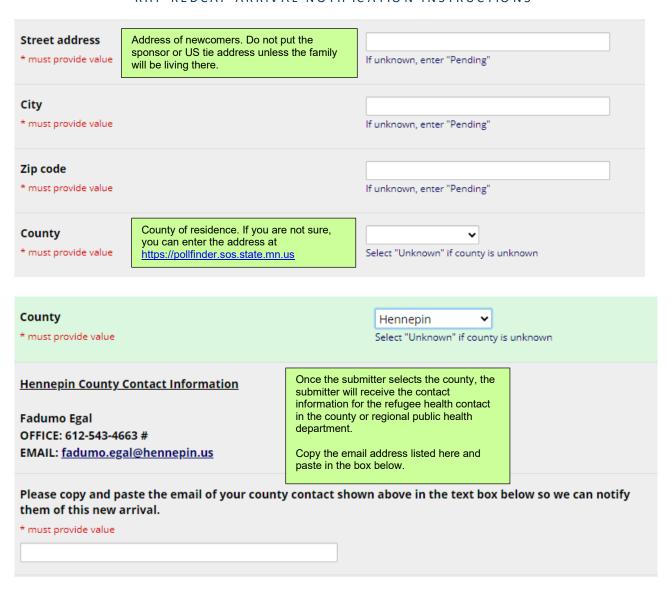
| Submitter Information | |
|---|---|
| What is your name (first and last name)? * must provide value Angie Radol Name of person completing this form. | Enter the first and last name of the submitter. |
| What is your email? * must provide value | This is the submitter's email. |
| What is your phone number? * must provide value | This is the submitter's phone number. |
| Which of the following best describes you? * must provide value I work at a Resettlement Agency I am a Private Sponsor I work in Local Public Health I work for a Community-Based / Non - Profit Organiza I am a parolee / refugee / asylee Other | This is the type of organization the submitter works for or who they are. In this case, the submitter is either Local Public Health or working for a Community-Based/Non-profit organization. |
| What is the immigration status of the newcomer(s)? * must provide value Primary Refugee ✓ | This is the immigration status/visa type of the newcomer(s) that the submitter is filling out this referral for. |
| What program is this family being sponsored through: * must provide value Welcome Corps Uniting for Ukraine Cuban - Haitian Entrant Program Refugee Resettlement Agency / Reception and Placem Not Applicable | This is the program the newcomers are being sponsored through. If "Primary Refugee" was chosen for the previous question, this question will come up. If a different visa type was chosen, this question will not come up. |

Section 2: Sponsorship Information

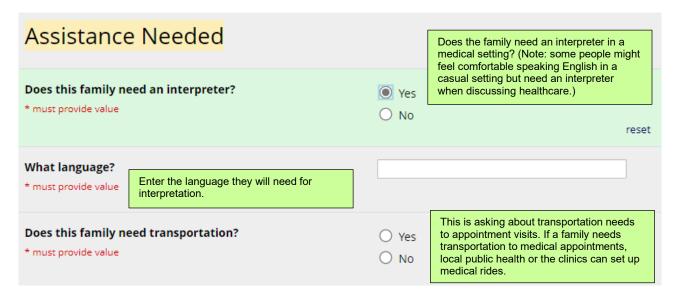
Sponsorship Information This is the sponsor's first and last name. If there are multiple sponsors, enter the person who should be contacted to discuss health related items. Sponsor's name (first and last): Angie Rudol If none, leave blank Angie Rudol 's phone number: Angie Rudol 's email:

Section 3: Arriving Family Information





Section 4: Assistance Needed



Section 5: Relevant Documents Upload

Relevant Documents Upload

In this section, upload the documents listed if available. If they are not available or unknown, leave blank.

Please attach the 194 or other immigration documentation:

194s are not required for refugee arrivals. Please upload them for parolee, asylee, and SIV arrivals.

Please attach the family assurance form

♣ Upload file

Please attach any relevant biodata, SMC forms, or other medical documentation:

Arrival comments:

Please identify medical conditions for any of the family members. If there are multiple family file numbers for the same family, please note the other family members' family file number. Family members who have different family file numbers should be entered on different referral forms.

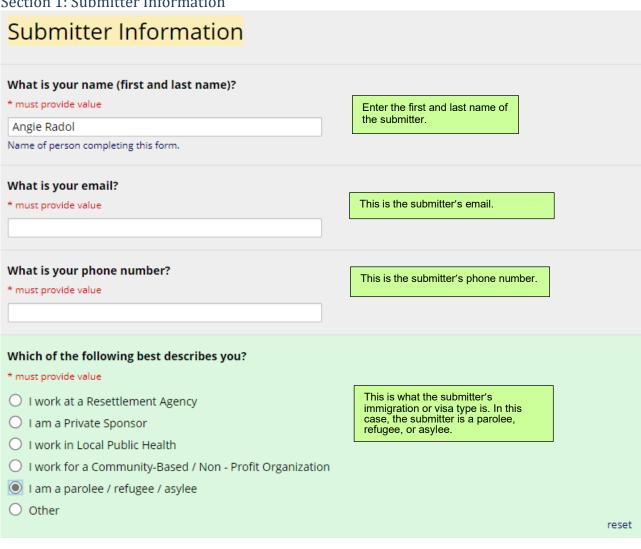
Expand

Please move onto the instructions section labeled "Page 2 – Principal Applicant", where the instructions are more generalized.

Move to Next Page

Referral Procedure for Parolees/Refugees/Asylees

Section 1: Submitter Information



Section 2: Sponsorship Information

| Sponsorship Information | This is the submitter's first and last name. If there are multiple sponsors, enter the person who should be contacted to discuss health related items. |
|----------------------------------|--|
| Sponsor's name (first and last): | Angie Rudol If none, leave blank |
| Angie Rudol 's phone number: | |
| Angie Rudol 's email: | |

RHP REDCAP ARRIVAL NOTIFICATION INSTRUCTIONS Section 3: Arriving Family Information

| Arriving F | <mark>amily Information</mark> | | | |
|--|---|---|--|--|
| Nationality of pri | ncipal applicant/head of househol | ld: | | |
| | ity of the head of household in your fami usehold in your family, please write your n | ily, also known as the <u>principal applicant.</u> If you nationality. | | |
| | the United States: nily's date of arrival to the United States. | Today M-D-Y | | |
| How many total fa | amily members? | | | |
| * must provide value The number of peo | ple in your family who resettled together. | Number of people on assurance form | | |
| New arrival phone Phone number that c you. Can be left blan | can be used to reach | If unknown, enter "000-000-0000" | | |
| Street address * must provide value | Your address. Do not put your sponso your US tie's address unless your fambe living at that address. | | | |
| City * must provide value | | If unknown, enter "Pending" | | |
| Zip code * must provide value | | If unknown, enter "Pending" | | |
| County * must provide value | Your county of residence. If you are r sure, you can enter the address at https://pollfinder.sos.state.mn.us | Hennepin ✓ Select "Unknown" if county is unknown | | |
| County * must provide value | | Hennepin ✓ Select "Unknown" if county is unknown | | |
| Hennepin County Contact Information Fadumo Egal OFFICE: 612-543-4663 # EMAIL: fadumo.egal@hennepin.us | | Once you select the county, you will receive the contact information for the refugee health contact in the county or regional public health department. Copy the email address listed here and paste in the box below. | | |
| Please copy and p them of this new a * must provide value | - | ntact shown above in the text box below so we can notify | | |

RHP REDCAP ARRIVAL NOTIFICATION INSTRUCTIONS Section 4: Assistance Needed

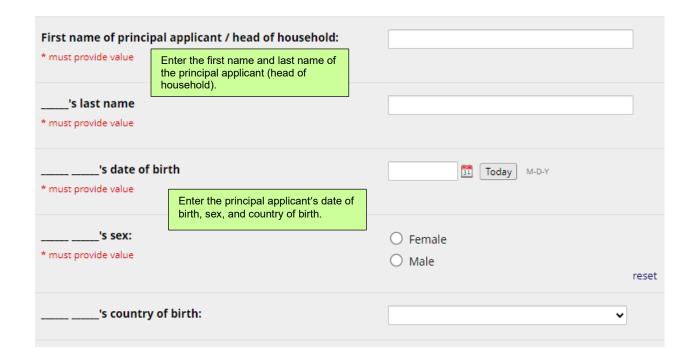
| Section 4: Assist | ance Needed | | | | | |
|--|---|--------------------------------|---|---|--|--|
| Assistance Needed | | | | Does your family need an interpreter in a medical setting? (Note: some people might feel comfortable speaking English in a casual setting but need an interpreter | | |
| Does this family ne * must provide value | ed an interpreter? | | YesNo | when discussing healthcare.) | | |
| What language? * must provide value | Enter the language your fami for interpretation if interpretat | ly will need ion is needed. | | | | |
| Does this family ne * must provide value | ed transportation? | | ○ Yes ○ No | This is asking about transportation needs to appointment visits. If you and your family need transportation to medical appointments, local public health or the clinics can set up medical rides. | | |
| Section 5: Releva | ant Documents Upload | d | | | | |
| Relevant Documents Upload | | load | if ava | is section, upload the documents listed ailable. If they are not available or nown, leave blank. | | |
| Please attach the I94 or other immigration documentation: <u> </u> | | | l94s are not required for refugee arrivals. Please upload them for parolee, asylee, and SIV arrivals. | | | |
| Please attach the fa | amily assurance form | | | | | |
| Please attach any r | elevant biodata, SMC forn | ns, or other medica | al docum | entation: | | |
| Arrival comments: | | | | | | |
| For refugees: Please identify medical conditions for any of the family members. If there are multiple family file numbers for the same family, please note the other family members' family file number. Family members who have different family file numbers should be entered on different referral forms. For parolees or asylees: Please mention any family members who have medical conditions and what type of medical conditions those are. | | | | | | |
| | the instructions section | | | Expand | | |
| | Principal Applicant", where more generalized. | Move to Next Pa | ge | | | |

Page 2 – Principal Applicant

Principal Applicant

AAA I =

Please submit the following information for the **Principal Applicant or Head of Household** for the arriving family.



Collecting Alien numbers (A#) are extremely important to our program activities because it helps us ensure we are providing the best care. Please report that information if you have access to it. It is typically found on travel authorization documents like the one shown below. Enter in the Alien Number (A#). You can see an example of where to find this information in the attachment "A number sample." Sometimes we have more than one Attachment: A number Sample.png (121.3 kB) newcomer with the same or similar name and birthday. Knowing the A# helps us ensure that high quality and accurate coordination can occur. If you do not know this number, you can skip this question and fill out the rest of the form. 's Alien number: Format: XXX-XXX-XXX This is NOT a required field but is very important to capture have a medical condition that needs a doctor? (This includes pregnancy, diseases such as high have blood pressure or diabetes, or if they are on medication). * must provide value This is asking about any medical conditions that require a visit to a doctor or clinic, such as being on medication prescribed by a doctor or diseases that require Yes medical care like high blood pressure, diabetes, or cancer. O No Our program has staff dedicated to helping newcomers with health needs navigate the health care system to ensure they can access needed care as soon as possible I don't know on arrival. reset

| Please list out any rel | evant r | medical information for | _below. | | |
|---|---------|---|----------------------------|--------------------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | Expand |
| Please attach any rele | evant S | MC forms, or other medical docun | nentatio | n: | If you have a "Significant Medical Conditions" (SMC) form or any other relevant medical documents for the principal applicant, you may upload them here. If you do not have these, skip this question. |
| Does have | Medica | al Assistance (Medicaid/MA/health | insuran | ce) |)? |
| * must provide value Yes No I don't know | | | he As th in sp | ealti ssist e p sura eci | s asking if the principal applicant has h insurance, specifically Medical tance or Medicaid. If you select "yes" for rincipal applicant having health ance, the form will ask you about the fic Medical Assistance number and ation date. |
| Medical Assistance nu | ımber | If you know the Medical Assistance (Medic number, you can put that in this box. Otherwise, leave blank. | caid) | | |
| Medical Assistance ac | tivatio | n date | | | Today M-D-Y |
| | (Medi | know when Medical Assistance caid) became active, you can put that in xx. Otherwise, leave blank. | | | |

Page 3 – Additional Family Members

Additional Family Members

AAA

You are notifying us of a family of: 1.

If the arriving family only has one member, you do not need to submit any more information in this page and you can select "Finalize Notification".

Please complete the information below for <u>every family member besides the principal applicant/head of household you already submitted (test test)</u>. If there are multiple family members, please select the "Submit another family member" option until you have completed this information for every member.

Once you have submitted information for every family member, please complete the survey by selecting the "Finalize Notification" button.

| First name: | If there is more than one person in the family, you can fill out this form for each additional family member. | | |
|-------------|---|--------------------|------|
| Last name | | | |
| 's d | late of birth: | Today M-D-Y | |
| 's s | ex: | ○ Female ○ Male | eset |

| What is's relationship to test test (principal appl | icant). |
|---|---|
| • | |
| 's country of birth: | • |
| 's Alien number: | This is NOT a required field but is very important to capture |
| Does have a medical condition that needs a doc blood pressure or diabetes, or if they are on medication). Yes No | tor? (This includes pregnancy, diseases such as high |
| O I don't know | reset |
| Please list out any relevant medical information for | below. |
| | |
| | Expand |
| Please attach any relevant SMC forms, or other medical do | cumentation: |
| | |
| oes have Medical Assistance (Medicaid/MA/healt must provide value Yes No I don't know | :h insurance)? |
| | reset |
| Medical Assistance number | |
| Medical Assistance activation date | Today M-D-Y |

