NC Refugee Assistance Program
FAMILY SELF SUFFICIENCY PLAN (DSS- 6230)

1. Name _____ 2. Alien Number _____

ESTIMATED MONTHLY FAMILY EXPENSES

Calculate the estimated amount of money needed by the family to pay all monthly expenses.

3. Rent		_____
4. Utilities	a. Gas/Oil	_____
	b. Electric	_____
	c. Water	_____
	d. Phone	_____
	e. Cable	_____
5. Food		_____
6. Child Care		_____
7. Clothing		_____
8. Transportation	a. Bus pass	_____
	b. Car pool	_____
	c. Car expenses	_____
9. Insurance	a. Health	_____
	b. Life	_____
	c. Renters	_____
	d. Auto	_____
10. Travel Loan		_____
11. Savings		_____
12. Health Care and Emergency		_____
13. Miscellaneous	a. Education	_____
	b. Other	_____
14. TOTAL EXPENSES		_____

ESTIMATED MONTHLY FAMILY INCOME

(Do **NOT** count RCA, MG, TANF/WFFA or SSI as income here.)

15. a) Number of employable adults in the family _____

    b) Number of dependents _____

16. Based on average monthly wages of entry level jobs for refugees in your city, estimate how many wage earners are needed to meet the estimated monthly expenses? _____

17. Total Family Wages a) _____ b) _____c) _____d) _____Total: _____

18. Personal Business Income _____

19. Other Income _____

20. TOTAL INCOME _____

21. Benefit Income: RCA/MG/TANF/WFFA/SSI/Other Assistance for which you are eligible or receive

Type of Benefit _____ Amount x #Mos= _____

_____ _____

_____ _____

_____ _____

_____ _____

22. NET (Expenses minus Income minus Benefit Income) _____

23. Employment plans will be completed for:

_____ _____

_____ _____

_____ _____

_____ _____

24. Employment Staff _____ _____
Signature Date

25. Head of Household _____ _____
Signature Date

26. Translator/Interpreter _____ _____
Signature Date

Instructions for Completing the

NC REFUEE ASSISTANCE PROGRAM FAMILY SELF SUFFICIENCY PLAN (DSS-6230)

The purpose of this form is to provide a method by which the refugee service provider can assist the client in determining the amount of income which will be required in order for the client to be economically self-sufficient, and the amount of resources which will be available to the client as s/he moves toward economic self-sufficiency. An Employment Staff member must complete this form prior to the provision of services. The form should be completed for every family for whom employment services are provided.

1. Case Name:		Print the case PA or head of household name for whom you are making the plan.
2. Alien Number:		Include Alien Number of the client for whom you are making the plan.

ESTIMATED MONTHLY FAMILY EXPENSES:

3. Rent		Include the amount of rent the family must pay each month.
4. Utilities	a. Gas/Oil:	Include the estimated amount the client will pay for gas/oil service each month.
	b. Electric:	Include the estimated amount the client will pay for electricity each month. Include any fluctuations for seasonal use (heat in winter, air conditioning in summer).
	c. Water:	Include the estimated amount (if any) the client will pay for water each month.
	d. Phone:	Include the estimated amount the client will pay for telephone services each month. Include estimated costs for long-distance service and/or telephone cards if the client will be making long-distance calls.
	e. Cable:	Include the estimated amount (if any) the client will pay for cable television service each month.
5. Food:		Estimate the amount the client will pay for food for the entire family each month. Include restaurant or fast food costs if applicable, and school lunch fees if applicable.
6. Child Care		Estimate the amount (if any) the client will pay for child care each month.
7. Clothing		Estimate the amount the client will pay for clothing needs each month. Include shoes, lingerie, seasonal clothing, etc.
8. Transportation		Estimate the amount the client and family will need for transportation each month. If the client(s) will utilize the public bus system, include the estimated cost of bus passes. If the client(s) will be utilizing a car pool, include the amount each person in the family will pay each month to carpool to their destination. If the family plans to have a car, include the estimated cost of gasoline each month, license and inspection fees, and potential repair costs.
9. Insurance	a. Health	Estimate the amount the family will pay each month for health insurance to cover each family member. If employed, deduct any health insurance expenses covered by the employer as a benefit.
	b. Life:	If necessary, explain the concept of life insurance, and estimate the amount (if any) the family will pay each month to provide life insurance.
	c. Renters:	Explain the concept of renters' insurance to cover the contents of an apartment, and estimate the amount the family will pay each month to insure their belongings.
	d. Auto:	Explain the requirement to carry auto insurance if the family owns a car, and estimate the amount the family will need each month to cover required car insurance. Include the extra costs of insuring "new drivers" if the driver has less than three years' driving experience.

10. Travel Loan	Include the amount of any unpaid travel loan the family must repay for their travel costs. Include loan payments for each member of the family.
11. Savings	Estimate the amount the family wishes to set aside each month in a savings account.
12. Health Care / Emergency	Explain the out-of-pocket expenses incurred for accident or illness of family members. Estimate the amount the family will need to cover uninsured health care and emergencies. Include over-the-counter medications.
13. Miscellaneous a. Education:	Estimate the amount the family will want to set aside each month for education expenses not provided by the public school system or the resettlement agency.
b .Other:	Include any other costs not itemized above which the family will need to cover, such as personal hygiene items.
14. TOTAL EXPENSES	Add all monthly expenses for a total estimated monthly family expense. Include any one-time expenses pro-rated on a monthly basis.

ESTIMATED MONTHLY FAMILY INCOME:

15. a. Number of employable adults in the family.	After determining the employability of each family member, enter the number of adults in the family who meet employability criteria.
b. Number of dependents	Determine the number of dependents in the family and enter number in space provided.
16. How many wage earners are needed to meet the estimated monthly expenses?	Determine the average monthly wage of entry level positions for which the PA and other employable adults are qualified. Then divide the estimated total monthly expenses by that amount to arrive at the number of wage earners needed to meet the estimated monthly expenses.
17. Total Family Wages	Estimate the anticipated monthly take-home wage for each employable adult in the family and enter in the a,b,c,d spaces provided and enter the total estimated family wages in the space provided.
18. Personal Business Income	Include any additional income which is available to the family through a personal business (hair styling, in-home daycare, etc.)
19. Other Income	Include type of any additional income which is available to the family.
20. TOTAL INCOME	Add Total Family Wages, Personal Business Income, Social Security Income, Benefit Income, and Other Income for a Total Estimated Income
21. RCA/MG/TANF/WFFA/ SSI/Other for which you are eligible or currently receive	Estimate the total monthly benefit income for which the family is eligible. Include benefits for each family member who is eligible.
22. NET	Calculate the difference between expenses and income.
23. Employment plans will be completed for:	List any employable adults in the family for whom the agency will complete employment plans.
24. Employment Staff	The form should contain the signature and date of the Employment Staff Person completing the Family Self-Sufficiency Plan, indicating that s/he agrees to the completed plan as outlined.

25. Head of Household	The form should contain the signature and date of the PA or head of household, indicating that s/he has seen, understood, and agrees to the completed Family Self-Sufficiency Plan as outlined.
26. Translator/Interpreter	The form should contain the signature and date of the Translator/Interpreter, when applicable.

This form should be completed in conjunction with the Employability Plan (DSS-6232) by an Employment Staff person.