

- a) Provider _____
- b) Client's Case Manager _____
- c) Principal Applicant _____
- d) Date of Plan _____

**NC REFUGEE ASSISTANCE PROGRAM
SERVICE PLAN (DSS-6231)**

SERVICE ASSESSMENT:

- 1. Name _____
- 2. Eligibility Document Attached: NO YES
- 3. Phone: Home _____ Cell: _____
- 4. Alien Number: _____
- 5. Address: _____
- 6. Date of Arrival: _____
- 7. SSN: _____
- 8. Employment Authorization Document: NO YES
- 9. EAD Number: _____
- 10. E-Mail Address: _____
- 11. Current Immigration Status: _____
- 12. (a) Ethnicity: _____
- (b) Country of Origin: _____
- 13. Date of Birth: _____
- 14. Marital Status: Married Single Single Parent
- 15. Gender: M F
- 16. Current Benefits: RCA Begin Date: _____ End Date: _____ RMA Begin Date: _____ End Date: _____
- Medicaid Begin Date: _____ End Date: _____ Food Stamps Begin Date: _____ End Date: _____
- TANF Begin Date: _____ End Date: _____ MG Begin Date: _____ End Date: _____
- SSI Begin Date: _____ End Date: _____ None

Transportation:

- 17. NC Driver's License: NO YES NC License #: _____
- 18. Car: YES NO
- 19. Transportation Needed: NO YES
- 20. Current Transportation Arrangements, if any: _____

Family Members:

- 21. Name/Gender / Birth dates of Family Members: (1) _____
- (2) _____ (3) _____
- (4) _____ (5) _____
- (6) _____ (7) _____
- (8) _____ (9) _____
- 22. Childcare Needed? NO YES
- 23. If so, current childcare arrangements? _____
- 24. Other family in your care? NO ES
- 25. If so, current care arrangements? _____

Health Insurance:

26. Client Coverage: NO YES 27. Cost to Client: _____ per _____

28. Dependent Coverage: NO YES 29. Cost to Client: _____ per _____

Language:

30. First Language(s): _____ 31. English Ability: Fluent Good Fair Poor None

Employment:

32. Currently Employed: NO YES

33. Are you working now? Yes No
Where: _____

34. Work Schedule (shift and days of week): _____

35. SERVICES NEEDED:

		A	B	C	D	E
CODE	SERVICE	Yes/ No	Reason	Service Begin Date	Referral Comments	Client's Initials
380	Case Management					
945	Day Care					
950	Transportation					
955	Information and Referral					
956	Emergency Services					
957	Social Adjustment – Health					
958	Social Adjustment – Home					
959	Social Adjustment – Orientation					
960	Immigration & Citizenship Services					
965	Translation and Interpretation					

Additional Comments: _____

36. I, _____, agree with the service plan as explained to me by the Refugee Social Service staff and the interpreter. If I have any questions or need additional information, I may contact my caseworker at the number listed below.

37. Client Signature: _____

38. Date: _____

39. Name of Assigned Caseworker: _____

40. Phone Number: _____

41. Staff Signature: _____

42. Date: _____

43. Interpreter Name: _____

I certify that the information contained in this release form has been explained to the Client:

44. Interpreter Signature: _____

45. Date: _____

Pre-Instructions for Question 35 B

At 3 Months: Use Quarterly Review Form (DSS-6235)

Reason Codes for Denial / Delay of Service:

- 01 Service not available through the service provider
- 02 Service not currently available; will be available by _____
- 03 Client must submit appropriate documents before service begins
- 04 Client qualifies for service but funds not available
- 05 Service not available in the geographic area in which the client lives
- 06 Client does not qualify for service requested
- 07 Service previously made available to client
- 08 Duplication of existing service
- 09 Client refused the service

Instructions for Completing the NC Refugee Assistance Program Service Plan (DSS-6231)

Purpose: The purpose of the Service Plan is to provide the vehicle by which the case manager and client, together, assess and evaluate the client's needs and current situation regarding what is outlined in the form. The form is to be completed by the local affiliate or refugee service provider's staff member responsible for case management services. The Plan is to be included in the client file at the local affiliate or refugee service provider's site. A Service Plan should be created for each client receiving case management services.

- a. **Provider:** Enter the name of the agency responsible for the Service Plan for the client.
- b. **Case Manager:** Enter the name of the case manager assigned to the client for whom the Service Plan is being created.
- c. **Principal Applicant:** Enter the name of the Principal Applicant in the case.
- d. **Date of Plan:** Enter the date the Service Plan is being created.

SERVICE ASSESSMENT:

- 1. **Name:** Print the name of the individual client for whom the Service Plan is being created.
- 2. **Eligibility Document:** Check the appropriate block to indicate whether eligibility documentation was secured at the time the Service Plan is created.
NOTE: Services can not begin until the client has submitted appropriate documentation to verify eligibility for Refugee Assistance Program services. **The person completing this plan must attach a current copy of an eligibility document to the service plan the day the form is completed.**
- 3. **Phone:** Include home phone number, cell phone number (if applicable) and/or other phone contact numbers for the client.
- 4. **Alien Number:** Enter the Alien Number of the client.
- 5. **Address:** Enter the home address, including city, state and ZIP code, for the client.
- 6. **Date of Arrival:** Enter the official date of arrival of the client, as listed on the I-94, Certificate of Asylum or other appropriate documentation.
- 7. **SSN:** Enter the Social Security Number of the client.
- 8. **Employment Authorization Document:** Check the appropriate block to indicate whether the client has a current Employment Authorization Document.
- 9. **EAD Number:** Enter the number of the client's Employment Authorization Document, if applicable.

10. E-Mail Address: Enter the e-mail address for the client, if applicable.
11. Immigration Status: Enter the **current** status of the client (Refugee, Asylee, Parolee, Cuban / Haitian Entrant, Amerasian, Lawful Permanent Resident, Victim of Trafficking, Citizen).
- NOTE:** If the client's date of arrival is more than one year from the current date, and the client has not yet applied for adjustment of status, the case manager should inform the client that s/he is required by law to apply for adjustment of her/his status to Lawful Permanent Resident after one year from date of arrival, and that failure to apply will render the client subject to deportation.
NOTE: If the client's status is "Citizen," the client must be advised that s/he is no longer eligible for Refugee Assistance Program services, and the case closed.
12. Ethnicity: Enter the ethnicity, including country of origin, of the individual client for whom the Service Plan is being created. **(ex. (a) would be Montagnard, and (b) would be Vietnam).**
13. Date of Birth: Enter the date of birth for the individual client for whom the Service Plan is being created.
14. Marital Status: Check the appropriate block to indicate if the client is married, single, or a single parent.
15. Gender: Check the appropriate block to indicate the gender of the client.
16. Current Benefits: Check the appropriate block(s) to indicate any public benefits the client is currently receiving. Enter the begin date and end date of benefits received if known.

Transportation:

17. NC Driver's License: Check the appropriate block to indicate whether the client has a current NC Driver's License. If "Yes," enter the NC Driver's License Number.
18. Car: Check the appropriate block to indicate whether the client has or has access to a car for purposes of employment transportation.
19. Transportation Needed: Check the appropriate block to indicate whether the client will need transportation assistance in order to get to the services that are needed.
20. Transportation Arrangements: If "Yes," enter pertinent information regarding the client's current arrangements for transportation.

Dependents:

21. Name / Gender/ and Birth Dates of Family Members: List names, gender, and birth dates of all family members for whom the client has responsibilities (financial support, transportation, childcare, etc.) which should be considered in his/her service plan.
22. Childcare Needed: Check the appropriate block to indicate whether the client will need childcare in order to meet the expectations of his/her job.
23. Current Childcare Arrangements: Enter pertinent information regarding the client's current childcare arrangements.
24. Other dependents: Check the appropriate block to indicate whether the client has other dependents for whom s/he is responsible, and who should be considered in his/her service plan.
25. Current Care Arrangements: Enter pertinent information regarding the client's current care arrangements for the other dependent(s) for who s/he is responsible.

Health Insurance:

26. Client Coverage: Check the appropriate block to indicate whether the client has health insurance to cover him or herself.
27. Cost to Client: If response to #26 is "Yes," indicate the cost to the client to maintain current health insurance for him or herself.

28. Dependent Coverage: Check the appropriate block to indicate whether the client has health insurance to cover his or her dependents.
29. Cost to Client: If response to #28 is "Yes," indicate the cost to the client to maintain current health insurance for his or her dependents.

Language:

30. First Language: Enter the first (native) language of the client which s/he spoke in his/her country of origin.
31. English Ability: Check the appropriate block to indicate the current English proficiency level of the client, as perceived by the case manager.

Employment:

32. Currently Employed: Check the appropriate box to indicate whether the client is currently employed.
33. Current Employer: If the client is currently employed, check the appropriate box and enter the name of the current employer.
34. Work Schedule: Enter the shift the client works and the days of the week.

35. SERVICES NEEDED:

Indicate which non-employment related social services are being requested by the client or is being made available to the client in **column A**. If the case manager's decision is not to refer the client for a social service, indicate the reason code from the reasons listed in the pre-instruction section of the Service Plan in **column B**. If services are to be provided indicate the service begin date in **column C**. If referrals are appropriate, enter the provider or agency to which the client will be referred for service in **column D**. The client should initial each service in **column E** to indicate that s/he understands each of the services being offered or denied, and has been offered the appropriate service or understands the reason for denial. Use the space below the table for any additional information.

NOTE: If a client requests any employment service, the agency should fill out an employability plan for the client.

SIGNATURES:

36. Print the name of the client in the blank space provided which indicates the client's understanding of the Service Plan.
37. Client Signature: Ensure the client signs the Service Plan after it has been explained and interpreted.
38. Date: Enter the date when the client signs the Service Plan.
39. Name of Assigned Caseworker: Print the name of the staff member who will be providing Refugee Social Services to the client.
40. Phone Number: Enter the telephone number where the staff member can be reached during normal working hours.
41. Staff Signature: Ensure the staff member who completes the Service Plan signs the Service Plan.
42. Date: Enter the date when the staff member signs the Service Plan.
43. Interpreter Name: Print the name of the interpreter or staff member who interpreted for the client in developing the Service Plan.
44. Interpreter Signature: Ensure the interpreter signs the Service Plan after it has been explained and interpreted.
45. Date: Enter the date when the interpreter signs the Service Plan.

Note: Case Manager or provider staff member completing the Service Plan should ensure the client receives a signed copy of the form upon completion.