

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

**NC REFUGEE ASSISTANCE PROGRAM
EMPLOYABILITY PLAN (DSS-6232)**

EMPLOYABILITY ASSESSMENT:

1. Name _____
2. Alien Number _____
3. Phone: Home _____ Cell: _____
4. SSN: _____
5. Address: _____

6. Date of Arrival: _____
7. Immigration Status: _____
8. E-Mail Address: _____
9. Eligibility Document Attached: NO YES
10. Ethnicity/Country of Origin: _____
11. Date of Birth: _____
12. Date Enrolled: _____
13. Gender: M F
14. Occupation: _____
15. Married Single Single Parent
16. Current Benefits: RCA Medicaid Food Stamps TANF MG None
17. a) Have benefits changed since last assessment? NO YES
b) If so specify which ones: _____
18. First Language/s: _____
19. English Ability: Fluent Good Fair Poor
20. English Education: _____
21. ELT Assessment Results: Pre-Test Level: _____ Most Recent Level: _____
22. Family Support to Attend English Language Training: NO YES Not Sure
23. Ages / Birth dates of dependent children: _____
24. Childcare Needed? NO YES 25. If so, current childcare arrangements? _____
26. Other dependents in your care? NO YES 27. If so, current care arrangements? _____
28. NC Driver's License: NO YES NC License #: _____ 29. Car: YES NO
30. Transportation Needed: NO YES 31. Transportation Arrangements? _____
32. Hour/Days available to work? _____

Education:

33. Years of Education: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 +

34. Degree/s Obtained and Granting institution: _____

35. Special Skills: _____

36. Additional Classes / Training in US: _____

Health Insurance:

37. Client Coverage: NO YES 38. Cost to Client: _____ per _____

39. Dependent Coverage: NO YES 40. Cost to Client: _____ per _____

Employment:

41. Employment Authorization Document: NO YES 42. EAD Number: _____

43. Prior Work Experience in Home Country:

44. Prior Work Experience in US: _

A	B	C	D	E
Dates	Employer	Position Title	Reason for Leaving	Rate of Pay

45. Job Objective / Career Goals / Interests:
 1. _____ 2. _____
 3. _____ 4. _____

46. Job Limitations:
 1. _____ 2. _____
 3. _____ 4. _____

VOCATIONAL GOAL:

47. Job Objective / Position: 1. _____ 2. _____ 3. _____

48. Wage Range: _____ per _____ F/T P/T 49. Hours Preferred: _____

50. Transportation Plan: _____

51. Child Care Plan: _____

52. Training Plan: _____

53. EMPLOYMENT SERVICE PLAN:

		A	B	C	D	E
CODE	SERVICE	Yes/No	Reason	Service Begin Date	Referral Comments	Client's Initials
915	Assessment					
920	Pre-Employment					
920	Job Readiness Training					
921	Job Development					
922	Employment Follow-Up					
923	Employment Transportation					
924	Initial Employment					
925	Current Job Placement					
935	On-The-Job Training					
935	Vocational Training					
936	Driver's Training					
940	Skills Recertification					

Comments: _____

54. PLAN FOR OTHER SERVICES:

		A
CODE	SERVICE	Yes/No
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	

Comments: _____

55. POTENTIAL EMPLOYMENT OPPORTUNITIES:

A	B	C	D	E	F
EMPLOYER	POSITION	DATE OF JOB INTERVIEW	DATE JOB STARTS	WAGE	WORK HRS./ SHIFT

56. Currently Employed: NO YES 57. Date Started: _____

58. Current Employer: _____ 59. Address: _____

60. Full Time Part Time 61. Hours per Week _____ 62. Schedule _____

63. Rate of Pay _____ per _____ 64. Position: _____

65. I, _____, agree with my employment plan as explained to me by the Refugee Employment Program staff and/or the interpreter. If I have any questions or need additional information, I may contact my employment counselor at the number listed below.

66. Client Signature: _____ 67. Date: _____

68. Staff Name: _____ 69. Phone Number: _____

70. Staff Signature: _____ 71. Date: _____

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

72. Interpreter Name: _____

73. Interpreter Signature: _____ 74. Date: _____

75. JOB PLACEMENT PROGRESS FOLLOW-UP

At 1 Week:

Date: _____	Staff Member: _____
Progress: _____	

Future Action: _____	

At 1 Month

Date: _____	Staff Member: _____
Progress: _____	

Future Action: _____	

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

Pre-Instructions for Questions 53 & 54

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 Employability Plan (DSS-6232)**

Purpose: The purpose of the Employability Plan is to provide a tool by which the employment counselor and client, together, assess and evaluate the skills, abilities and interests of the client to determine potential employment opportunities and appropriate placement. The form is to be completed by the refugee service provider's staff member responsible for employment services. The Plan is to be included in the client file **along with the Family Self-Sufficiency Plan**. An Employability Plan **MUST** be created for each client receiving employment services.

- a. Provider: Enter the name of the agency responsible for the Employability Plan for the client.
- b. Case Manager: Enter the name of the case manager assigned to the client for whom the Employability 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 Employability Plan is being created.

EMPLOYABILITY ASSESSMENT:

1. Name: Print the name of the individual client for whom the Employability Plan is being created.
2. Alien Number: Enter the Alien Number of the client.
3. Phone: Include home phone number, cell phone number (if applicable) and/or other phone contact numbers for the client.
4. SSN: Enter the Social Security 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. 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 employment counselor 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 employment counselor should notify Case Management and/or other staff in order to begin procedures to close the case.
8. E-Mail Address: Enter the e-mail address for the client, if applicable.
9. Eligibility Document: Check the appropriate block to indicate whether eligibility documentation was secured at the time the Employability Plan is created.

NOTE: Employment services can not begin until the client has submitted appropriate documentation to verify eligibility for Refugee Assistance Program services.
10. Ethnicity: Enter the ethnicity, including country of origin, of the individual client for whom the Employability Plan is being created.
11. Date of Birth: Enter the date of birth for the individual client for whom the Employability Plan is being created.
12. Date Enrolled: Enter the date the client first enrolled in the agency's Employment Services program.
13. Gender: Check the appropriate block to indicate the gender of the client.
14. Occupation: Enter the occupation of the client prior to or subsequent to arrival in the US.

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15. Married: Check the appropriate block to indicate if the client is married, single, or a single parent.
16. Current Benefits: Check the appropriate block(s) to indicate any public benefits the client is currently receiving.
17. a) Have benefits changed? If applicable, indicate if there has been a change in the public benefits received by the client since the last employment assessment was completed.
b) Specific benefits Specify which benefits have changed in the space provided.

English Language Ability:

18. First Language: Enter the first (native) language of the client which s/he spoke in his/her country of origin.
19. English Ability: Check the appropriate block to indicate the current English proficiency level of the client, as perceived by the Employment counselor.
20. English Education: Enter any pertinent information regarding the client's English Language training prior to arrival in the US.
21. ELT Assessment Results: Enter pre-test scores from the client's ELT assessment (DSS-6234) and the client's score from the most recent ELT assessment, if applicable.
22. Family Support to Attend English Language Training: Check the appropriate block to indicate whether the client has the support of his/her family to assist him/her in successful participation in English Language Training

Other Arrangements Required:

23. Ages / Birth dates of Dependent Children: List ages and birth dates of all dependent children for whom the client has responsibilities (financial support, transportation, childcare, etc.) which should be considered in his/her employability plan.
24. Childcare Needed: Check the appropriate block to indicate whether the client will need childcare in order to meet the expectations of his/her job.
25. Current Childcare Arrangements: Enter pertinent information regarding the client's current childcare arrangements.
26. 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 employability plan.
27. Current Care Arrangements: Enter pertinent information regarding the client's current care arrangements for the other dependent(s) for whom s/he is responsible.
28. 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.
29. Car: Check the appropriate block to indicate whether the client has or has access to a car for purposes of employment transportation.
30. Transportation Needed: Check the appropriate block to indicate whether the client will need transportation assistance in order to be successfully employed.
31. Transportation Arrangements: If "Yes," enter pertinent information regarding the client's current arrangements for employment transportation.
32. Hours Available To Work: Taking into consideration childcare arrangements, transportation arrangements, and other client circumstances, enter the range of hours each day or week the client will be available to work.

Education

33. Years of Education: Circle the number, which indicates the number of years of formal education, which the client has completed.
34. Degree: Enter the degree program and specific area of study (major) which the client has completed, if any.
35. Special Skills: Enter any special skills, proficiency, or expertise the client has acquired prior to or subsequent to arrival in the U.S.
36. Additional US Classes/Training: Specify any classes or training (other than ELT) the client has completed subsequent to arrival in the U.S.

Health Insurance

37. Client Coverage: Check the appropriate block to indicate whether the client has health insurance to cover himself or herself.
38. Cost to Client: If response to #37 is “Yes,” indicate the cost to the client to maintain current health insurance for himself or herself.
39. Dependent Coverage: Check the appropriate block to indicate whether the client has health insurance to cover his or her dependents.
40. Cost to Client: If response to #39 is “Yes,” indicate the cost to the client to maintain current health insurance for his or her dependents.

Employment

41. Employment Authorization Document: Check the appropriate block to indicate whether the client has a current Employment Authorization Document.
42. EAD Number: If response to #41 is “Yes,” enter the client’s EAD Number.
43. Prior Work Experience in Home Country: Enter pertinent information regarding the client’s employment experiences prior to arrival in the U.S. Include any specific skills gained in the employment experience(s), and any information not previously documented in the Employability Plan which may assist in obtaining employment in the U.S.
44. Prior Work Experience in U.S.: Enter pertinent information regarding the client’s prior employment experience since his/her arrival in the U.S. Include a) dates of employment, b) the name of the employer, c) the title of the position the client held, d) the reason for leaving, e) and the rate of pay at the time the client terminated employment.
45. Job Objective: Enter one or more specific job objectives, career goals, and/or interests the client has which relate to employment. The employment counselor should assist the client in identifying which kind(s) of jobs he/she is interested and willing to pursue.
46. Job Limitations: Enter any specific information regarding which kind(s) of jobs the client can not or will not consider. For example, specify if the client will not take a job which requires standing for long hours, or a job which requires handling certain foods (name the foods), or a job in which the client feels inadequate or uncomfortable (lack of confidence in English language ability, etc).

VOCATIONAL GOAL:

47. Job Objective: Enter three specific types of jobs, which the client indicates as vocational goals.
48. Wage Range: Enter the amount per hour the client indicates as compensation for his/her job objective.
49. Hours Preferred: Enter the specific hours the client prefers to work (ex: “daytime only” or “midnight – 8:00 a.m.”)
50. Transportation Plan: Enter any pertinent information regarding the plan for the client’s employment transportation.

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51. Child Care Plan: Enter any pertinent information regarding the plan to meet the client's employment-related childcare needs.
52. Training Plan: Enter any pertinent information regarding additional English Language Training, skills training, or job readiness training considered necessary by the employment counselor for successful job placement and employment.
53. Employment Service Plan: In (a) enter yes or no for each of the employment services listed, if no, in (b) enter the code that corresponds to the reason for not providing the service. In (c) enter the service begin date, in (d) enter referral comments if the service is being referred to an entity outside the agency, and in (e) have the client initial each service denoting that the client agrees to the plan.
54. Plan for Other Services: If the client has come to the agency for employment services only, briefly go over the other services that are offered by the agency and enter yes or no denoting whether or not the client is in need of these services.

POTENTIAL EMPLOYMENT OPPORTUNITIES:

55. In (a) list employers to which the employment counselor will refer the client, and (b) the position to which the employment counselor will refer the client. Include in (c) the date scheduled for a client interview, if any, in (d) the date the job begins, if known, in (e) the hourly, weekly or monthly wage, and in (f) the shift or hours the client would work if employed.
56. Currently Employed: Check the appropriate block to indicate whether the client is currently employed.
57. Date Started: If response to #43 is "Yes," enter the date the client began working in his current employment situation.
58. Current Employer: If the client is currently employed, enter the name of the current employer.
59. Location: If the client is currently employed, enter the location of the client's present job site.
60. Full Time: If the client is currently employed, check the appropriate box to indicate whether that the client's current employment is full-time or part-time.
61. Hours per Week: If the client is currently employed, enter the number of hours per week the client currently works in that job.
62. Schedule: If the client is currently employed, enter the client's current schedule of employment (which days per week and which hours per day).
63. Rate of Pay: If the client is currently employed, enter the current hourly, weekly or monthly wage the client is paid in his/her current job.
64. Position: If the client is currently employed, enter the name of the position the client holds in his/her current employment.

SIGNATURES:

65. Print the name of the client in the blank space provided which indicates the client's understanding of the employability plan.
66. Client Signature: Ensure the client signs the Employability Plan after it has been explained and interpreted.
67. Date: Enter the date when the client signs the Employability Plan.
68. Staff Name: Print the name of the staff member who has assisted the client in creating the Employability Plan.
69. Phone Number: Enter the telephone number where the staff member can be reached during normal working hours.
70. Staff Signature: Ensure the staff member who completes the Employability Plan signs the Employability Plan.
71. Date: Enter the date when the staff member signs the Employability Plan.

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72. Interpreter Name: Print the name of the interpreter or staff member who interpreted for the client in developing the Employability Plan.
73. Interpreter Signature: Ensure the interpreter signs the Employability Plan after it has been explained and interpreted.
74. Date: Enter the date when the interpreter signs the Employability Plan.

Job Placement Progress Follow-Up

75. Employment Follow-Up:

- At 1 Week: List the date, on or around one week from the first day the client began employment, when the employment counselor contacted the employer to determine the client's progress. Include notes and/or employer comments regarding the performance and progress of the client in the job. List any future action or follow-up activities which the employment counselor and/or client should take to ensure job stability and success.
- At 1 Month: List the date, on or around one month from the first day the client began employment, when the employment counselor contacted the employer to determine the client's progress. Include notes and/or employer comments regarding the performance and progress of the client in the job. List any future action or follow-up activities which the employment counselor and/or client should take to ensure job stability and success.
- At 3 Months: On or around three months from the first day the client began employment, and each quarter thereafter, the employment counselor should contact the employer to determine the client's progress, utilizing the Quarterly Review Form (DSS-6235) for notes and comments.

Note: Provider staff member completing the EMPLOYABILITY PLAN (DSS-6232) should ensure the client receives a signed copy of the form upon completion.