

Date Case Re-Opened _____

Date Case Closed: _____

Quarterly Review Form (DSS-6235)

Name: _____

Date: _____

Services to Continue? Yes No

Reason why: _____

Working? _____ **Where?** _____

If unemployed, why? _____

Insurance and other benefits: _____ Desire for job change/upgrading? _____

Problems? _____

ELT Update: Current English Level Fluent Good Fair Poor None

Presently enrolled in class? _____ Where? _____

What days of the week? S M T W T F S Want Tutor? _____

Transportation:

Current Transportation Bus Carpool Sponsors Own Car Other

Any problems? _____

Plan to overcome problems: _____

Summary of Case Progress: (e.g., continued obstacles, current needs, changes)

Completed by: _____

**Instructions for REFUGEE ASSISTANCE PROGRAM
QUARTERLY REVIEW FORM (DSS-6235)**

The purpose of this form is to provide a vehicle for the local affiliate or refugee service provider to evaluate the progress and current situation of the client receiving services under the Refugee Assistance Program. The form should be completed 90 days after the client's date of arrival or the date the client enters the program and every 90 days thereafter, as long as the client is being served under the Refugee Assistance Program. The local affiliate or refugee service provider's case manager, employment counselor, and/or ELT instructor assigned to the client should complete the form.

1. Date Case Re-opened? If the client has stopped receiving services under the Refugee Assistance Program and is now requesting that services be reinstated, enter the date the client's case was re-opened.
 2. Date Case Closed? If the client's case is being reopened, enter the date the case was last closed.
 3. Name: Enter the name of the client for whom the Quarterly Review Form is being completed.
 4. Date: Enter the date the Quarterly Review Form is being completed.
 5. Services to Continue? Check the appropriate block to indicate whether Refugee Assistance Program services should continue.
 6. Reason Why: Indicate why the client continues to need Refugee Assistance Program services, or why you feel Refugee Assistance Program services are no longer needed by the client.
 7. Working? Indicate whether or not the client is currently employed.
 8. Where? Enter the name and location of the client's current employer.
 9. If unemployed, why: If the client is currently not employed, indicate why s/he is not working. Indicate if the client is not considered "employable" under the RAP Social Services program.
 10. Insurance and
 Other Benefits? Indicate if the client currently has health insurance, and what benefits, if any, the client is currently receiving.
 11. Desire for job Explore with the client whether s/he is interested in change/upgrade? changing or upgrading his/her employment situation.
 12. Problems? Explore with the client any problems the client may be having in his or her employment situation, as well as any family problems that may be impacting the client's progress toward economic self-sufficiency.
- ELT Update:
13. Current English Level: Check the appropriate block to indicate the current English proficiency of the client.
 14. Presently re-enrolled
 in class? Indicate whether the client is currently enrolled in an ELT class and where the class is currently being held.

15. What days of the week? Check the appropriate block(s) to indicate the current ELT class schedule in which the client is enrolled.
16. If not in class, why not? If the client is not considered “fluent” in English, and is not currently enrolled in an ELT class, indicate the reason the client is not enrolled.
17. Tutored? Indicate whether the client is being tutored by a professional or a volunteer tutor, and the name of the tutor assigned to the client.
18. Days? Check the appropriate block(s) to indicate the days of the week the client receives tutoring services.
19. Desire for a tutor? Indicate whether the client wishes to have an ELT tutor assigned to him/her.
- Transportation:
20. Current Transportation: Check the appropriate block to indicate the mode of transportation the client currently utilizes for employment transportation.
21. Any Problems? Indicate any problems which the client is currently experiencing in regard to employment transportation.
22. Plan to overcome Problem: Indicate the plan which the case manager and/or the client has devised to overcome the transportation problems being encountered.
23. Summary of Case Progress: Specify any significant findings regarding the client’s current situation and if any changes which have occurred in the client’s situation since the last Quarterly Review, any needs the client is currently experiencing, continued obstacles to employment, ELT proficiency, economic self-sufficiency, or well-being. Include any necessary or anticipated referrals for additional services, including specific information about why the referral is needed, to whom the client is being referred, and the plans for addressing the issue.
24. Completed by: The case manager, employment counselor, or other agency staff member completing the Quarterly Review Form should enter his/her name and sign the form.