

Client Resettlement Plan (including Employment Assessment)

Guide for Cosponsors

The Resettlement Plan is a combined set of documents included in a single Excel file that will be sent to you by your case manager after the home visit to conduct the Assessment for Employable Individuals. At the bottom of the screen when you are open to the Excel file you will find five (5) tabs labeled in the order as follows:

A – Tri-Agency Service Plan - Case Information

B – Tri-Agency Service Plan – Family Needs Assessment

C – Tri- Agency Service Plan – Referral & Assessment for Employable Individuals

D – Tri-Agency Service Plan – Needs Assessment for Non-Employable Individuals

E – Tri-Agency Service Plan – Family & Individual Action Plan

Your case manager will make a home visit within the first 10 business days after arrival. At that time s/he will complete the Case Information page (Part A) and conduct a Referral & Assessment for Employable Individuals (Part C - aka, employment assessment) for each adult. If an adult is not employable due to age or disability then the case manager will conduct the Needs Assessment for Non-Employable Individuals (Part D). Once completed these documents will be sent to the cosponsor by email in an electronic Excel file.

From these employment assessments the cosponsor employment team will create an appropriate resume that may be used in the client's job search. A copy of this resume must be sent to the case manager.

Meanwhile, the primary contact for the cosponsor group will complete the Family Needs Assessment and then the Family & Individual Action Plan (Parts B and E respectively). There should be one Needs Assessment conducted for the entire family. Here, the cosponsor will consider all of the categories listed (such as housing, transportation, food, etc.) and assess what needs remain after the family's arrival and initial provisions are dispensed. If a category of need is not already listed please do so at the end or under "other". Complete this form electronically by filling in the space provided with a description of the outstanding need (see samples of the Family Needs Assessment (B) and Family/Individual Action Plan (E)).

The Action Plan is two pages -scroll down to find added space and the signature page. Each line sits parallel to a line on the needs assessment as if the line extends from one form onto the

next (if you print both documents and lay them end to end this will become clear). On each line of the Action Plan please write the plan of action anticipated to meet the need listed on the Needs Assessment. This Action Plan should look forward through the end of the 90 day R&P period only. Please state the goal and the action, who is assisted, over what time frame, and who is responsible for managing this action. Note the follow up or completion as you are able.

Please **complete** electronically the Needs Assessment and the Action Plan, then **print** from the electronic copy the entire Resettlement Plan (**all 5 sections**). With a skilled native speaking interpreter **explain** the contents of the plan to the adult clients in the family. Have the *PA* (client) and the *interpreter* **sign** in the spaces allotted at the bottom of the last page. Include the name and signature of any other adults in the household on the line marked Adult Client Name (use the space at the bottom after the lines if you need more room). You, the *cosponsor*, will sign in the space marked for caseworker/staff. **Scan** the signed documents and **email** them to your case manager no later than 30 days after arrival.

Please see the Needs Assessment and Action Plan sample.

Identify family strengths and needs below for follow-up throughout R&P and MG. Insert rows as needed.

Please provide follow-up in **PART E - Family & Individual Action Plan**.

PA Name:	0	Case Number:	0	Assessment Date:
Assessment (Agency Staff and Client Self-Assessment)				
Housing	Clients complaining that heat isn't properly working in house. CM feels temp is okay now, but no thermostat. CM called maintenance, they said they already fixed. Clients agreed that maintenance person came once and it was fixed for a day but hasn't worked well since. CM will go out and buy thermometer after mtg so clients can see true temp of house. Clients agreed - if temp is below 68 regularly CM will inform landlord. Clients also missing some items from house including rug, lights, bed for child.			
Food	Clients know where to buy Halal and regular groceries. Know how to use food stamps. Need cart for bringing groceries home on bus.			
Clothing	Clients know where to purchase clothing from Goodwill and local community thrift. Two oldest children need clothes for school.			
Transit	Initial bus orientation given and bus passes provided but need practice for routes to become familiar. However, volunteers continue to drive family to most appointments including grocery and medical appointment. Clients need more opportunities to ride the bus for daily/weekly tasks.			
Financial Literacy	Client is set with a new bank account but cannot write checks, is aware of monthly expenses and income.			
Childcare	Mom wants to consider child care for youngest child (2-5 years) in the fall so that mom can work part time.			
Family Wellness**	Mom continues to have dental difficulties - needs a root canal and other treatment that is not covered by Husky. PA continues to have migraines though frequency has decreased.			
Life Skills	PA and wife need ESL - community adult education/Literacy Volunteer only offer classes 2x per week. No child care provided.			
Other (describe)	Client very concerned about getting a job. Understands rental assistance policy (set at 4 months) but is worried about how he will pay rent. Youngest child demonstrates difficult behavior - hitting, etc. Parents do not intervene to correct behavior. Mom afraid to go out without her husband. Clients want to be closer to other refugee families they met at IIRS CORE training.			

* Adapted from the Kentucky Office of Refugees

** Family Wellness sample questions - Are you experiencing violence in the home? Marital difficulties? Problems with alcohol? Behavioral issues with children?

List actions planned to achieve case self-sufficiency. Actions should be based on all strengths and needs identified in PARTS B, C, and D of the Service Plan.

PA Name:		Case Number:				
Action		Case Member(s) Assisted (Client's name)	Time Frame (Begin date & End date)	Person(s) Responsible	Follow-up Dates As Needed (Description of follow-up is found in case notes)	Completion Date
Buy thermometer for the house		All		Kate Smith		
Purchase rolling basket. Cosponsor will provide.		All		Kate Smith		
Cosponsor to provide 3 school outfits per child/ Family responsible for purchasing remaining clothes. Assist family in riding bus to thrift store.		All		Sarah Wilson		
1) Require that volunteers stop transporting clients by car 2) train volunteers on riding the bus when needed 3) reinforce policy at cosponsor volunteer meetings		All		Kate Smith		
Hold off on check writing. Teach PA where and how to purchase money orders for paying bills and rent.		All		Ed Thompson		
Look for available slots in Headstart programs/ get on wait list if necessary		All		Sarah Wilson		
1) Look for dentists who will offer pro bono treatment 2) Contact Dental School at UCONN. Discuss with client what dental care is within their means. 2)medical follow up for PA		All		Kate Smith		
1) Check availability of ESOL in neighboring town 2) create teaching/learning plan for ESOL tutoring by volunteers/ find space at local library for tutoring 3) ESOL tutoring 1 hour/three days a week		All		Sarah Wilson		
1) Arrange Birth to 3 evaluation of younges child 2) talk openly with parents about child's behavior (consult IRIS CM) 3) provide female volunteer to take mom on outings to increase comfort with moving about through community/on bus.. Provide		All		Kate Smith/Evelyn Toland		
Provide transportation for family 2x over next 6 weeks to visits with New Haven friends		All		Bob Sampson		

Case Number: _____

Action	Case Member(s) Assisted (Client's name)	Time Frame (Begin date & End date)	Person(s) Responsible	Follow-up Dates as Needed (Description of follow-up is found in case notes)	Completion Date

I understand and agree with this plan.*

PA Name:	Signature:	Date:
Adult Client Name: (Please indicate N/A, if not applicable)	Signature:	Date:
Caseworker/Staff Name:	Signature:	Date:
Interpreter Name: (Please indicate N/A, if not applicable)	Signature:	Date:

* As of Assessment Date.