

JFES Refugee Service Needs Assessment and Employment Plan

1. JFES Refugee Service Needs Assessment and Employment Plan to be completed by resettlement agency with client
2. Resettlement Agency submits completed form to DSS
3. Once TFA is granted DSS will forward completed form to JFES contact

Name: _____

Client ID Number (Or SSN) _____

Address: _____ City/Town _____

Service Needs Assessment

Background Information

1. What circumstances or issues in your life cause you to need help from DSS? _____

2. What kind of help (programs, services, and other support) do you want from DSS? _____

3. Is anyone in your family currently working with any other agencies (DDS, DMHAS, DCF, DPH)? _____

4. How many adults are in this family? _____

5. How many children are in this family? _____

6. Birthdate of youngest child? _____

7. Do you share your household with others who can help while you participate in employment activities? _____

8. If yes who? _____

9. Do you have childcare arranged for your children? _____

10. Do you need help arranging childcare for your children? _____

11. Do you have a backup childcare provider in the event your childcare provider is not available? Y/N

12. Do you have a valid Driver's License? Yes or No

13. Do you have access to transportation? Yes or No

Employment History

List the jobs that you have had, began with the most recent. Include any-volunteer experience that you have had.

Company Name: _____

Company Address: _____

Job Title: _____

Date Started: _____ Date Ended _____

Months Experience: _____ Salary (Hourly): _____

Reason for Separation: _____

If Other, please specify: _____

Describe your job duty in detail, including any tools or equipment uses, as well as skills you have acquired: _____

Employment History 2

Company Name: _____

Company Address: _____

Job Title: _____

Date Started: _____

Date End: _____

Months Experience: _____

Salary (Hourly): _____

Reason for Separation: _____

If Other, please specify: _____

Describe your job duty in detail, including any tools or equipment uses, as well as skills you have acquired: _____

Employment History 3

Company Name: _____

Company Address: _____

Job Title: _____

Date Started: _____

Date End: _____

Months Experience: _____

Salary (Hourly): _____

Reason for Separation: _____

If Other, please specify: _____

Describe your job duty in detail, including any tools or equipment uses, as well as skills you have acquired: _____

Education

Highest Grade Completed: _____

High School/Equivalent School or Program: _____

High School/Equivalent Start Date: _____

High School/Equivalent End Date: _____

High School/Equivalent Area of Study: _____

High School/Equivalent Degree Type: _____

College School or Program: _____

Other Training Degree Type: _____

Read Other Language: Yes or No

- | | | |
|---|-----|----|
| 1. Do any family members have learning problems? | Yes | No |
| 2. Did you have any problems learning in elementary or middle school? | Yes | No |
| 3. Do you have difficulty filling out forms? | Yes | No |
| 4. Were you ever in a special program or given extra help in school? | Yes | No |
| 5. Have you ever been diagnosed with or told you had a learning disability? | Yes | No |
| 6. If so, who told you and when were you told? | | |

- | | | | |
|----|---|-----|----|
| 1. | Have you ever spent more time drinking or using drugs than you intended? | Yes | No |
| 2. | Have you ever neglected some of your usual responsibilities because of using alcohol or drugs? | Yes | No |
| 3. | Have you ever wanted to cut down on your drinking or drug use? | Yes | No |
| 4. | Has anyone ever objected to your drinking or drug use? | Yes | No |
| 5. | Have you ever found yourself thinking a lot about drinking or using drugs? | Yes | No |
| 6. | Have you ever used alcohol or drugs to relieve emotional discomfort such as sadness, anger, or boredom? | Yes | No |

Mental and Physical Health

- | | | |
|---|-----|----|
| 1. Have you ever received treatment or medications for a mental health or emotional condition such as depression, anxiety, or stress? | Yes | No |
| 2. Have you ever had a 2-week period where you felt sad or depressed so that it was difficult to function? | Yes | No |
| 3. Have you ever been so anxious that you had difficulty doing things you wanted to do? | Yes | No |
| 4. Have you ever been so confused that you were not able to work or meet your other responsibilities? | Yes | No |
| 5. Do you have any emotional problems or special needs that would prevent or limit you from participating in employment activities? | Yes | No |
| 6. Has anything happened to you that bothered you so much that you could not get it out of your mind even if you wanted to forget it? | Yes | No |
| 7. Do you have any health issues or special needs that would prevent or limit you from participating in employment plan activities? | Yes | No |
| 8. Physical Health problems? _____ | | |

Domestic Violence

- | | | |
|---|-----|----|
| 1. Do you ever feel unsafe at home because of someone in your life? | Yes | No |
| 2. In the last year, has anyone tried to control what you do, where you go, your money, telephone, health care, or your relationships with your family and friends? | Yes | No |

Other

- | | | |
|--|-----|----|
| 1. Is anyone in your family having problems at school (discipline, attendance)? | Yes | No |
| 2. If yes, please explain: _____ | | |
| 3. Is anyone in your family having any problems with the legal system? (frequent police contact, courts, gang related issues, serious discipline problems with your child) | Yes | No |
| 4. If yes, please explain: _____ | | |
| 5. Do you have family or friends that can help in an emergency? | Yes | No |
| Are you having any problems with the following: | | |
| 6. Paying your bills (food, rent, utilities)? | Yes | No |
| 7. Housing problems/eviction proceeding (are you being evicted) | Yes | No |
| 8. Running out of food? | Yes | No |
| 9. If yes, please explain: _____ | | |
| 10. Are there any other problems that would limit or prevent you from participating in your employment plan activities? | Yes | No |
| 11. If yes, please explain: _____ | | |
| 12. Are there any other problems that you would like to discuss? _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Individual Employment Plan

Goals and Objectives

#1 Goal Description: _____

Date Established: _____

Predefined Objectives:

- | | |
|---|--|
| <input type="checkbox"/> Attend all scheduled employment appointments | <input type="checkbox"/> Job Search – Conduct employment research |
| <input type="checkbox"/> Job Readiness - Arrange for childcare | <input type="checkbox"/> Job Search – Provide job search logs |
| <input type="checkbox"/> Job Readiness - Arrange for transportation to activity | <input type="checkbox"/> School/Training – Enroll in school/training and obtain class schedule |
| <input type="checkbox"/> Job Readiness - Complete childcare assistance application | <input type="checkbox"/> School/Training – Notify Case Manager and Instructor if you need assistance |
| <input type="checkbox"/> Job Readiness - Provide verification for mileage or bus pass purchases | <input type="checkbox"/> School/Training – Complete all homework and required coursework |
| <input type="checkbox"/> Job Search – Attend employer recruitment events | <input type="checkbox"/> School/Training – Attend all scheduled classes |
| <input type="checkbox"/> Job Search – Attend scheduled interviews | <input type="checkbox"/> Work – Provide pay stubs or other employer documentation to verify employment |
| <input type="checkbox"/> Job Search – Attend job club meetings | <input type="checkbox"/> Work – Update Case Manager on career progress or any changes |

Additional Objectives: _____

Additional Objectives: _____

Goal # 2

Goal Description: _____

Date Established: _____

Predefined Objectives:

- | | |
|---|--|
| <input type="checkbox"/> Attend all scheduled employment appointments | <input type="checkbox"/> Job Search – Conduct employment research |
| <input type="checkbox"/> Job Readiness - Arrange for childcare | <input type="checkbox"/> Job Search – Provide job search logs |
| <input type="checkbox"/> Job Readiness - Arrange for transportation to activity | <input type="checkbox"/> School/Training – Enroll in school/training and obtain class schedule |
| <input type="checkbox"/> Job Readiness - Complete childcare assistance application | <input type="checkbox"/> School/Training – Notify Case Manager and Instructor if you need assistance |
| <input type="checkbox"/> Job Readiness - Provide verification for mileage or bus pass purchases | <input type="checkbox"/> School/Training – Complete all homework and required coursework |
| <input type="checkbox"/> Job Search – Attend employer recruitment events | <input type="checkbox"/> School/Training – Attend all scheduled classes |
| <input type="checkbox"/> Job Search – Attend scheduled interviews | <input type="checkbox"/> Work – Provide pay stubs or other employer documentation to verify employment |
| <input type="checkbox"/> Job Search – Attend job club meetings | <input type="checkbox"/> Work – Update Case Manager on career progress or any changes |

Additional Objectives: _____

Additional Objectives: _____

Goal # 3

Goal Description: _____

Date Established: _____

Predefined Objectives:

- | | |
|---|--|
| <input type="checkbox"/> Attend all scheduled employment appointments | <input type="checkbox"/> Job Search – Conduct employment research |
| <input type="checkbox"/> Job Readiness - Arrange for childcare | <input type="checkbox"/> Job Search – Provide job search logs |
| <input type="checkbox"/> Job Readiness - Arrange for transportation to activity | <input type="checkbox"/> School/Training – Enroll in school/training and obtain class schedule |
| <input type="checkbox"/> Job Readiness - Complete childcare assistance application | <input type="checkbox"/> School/Training – Notify Case Manager and Instructor if you need assistance |
| <input type="checkbox"/> Job Readiness - Provide verification for mileage or bus pass purchases | <input type="checkbox"/> School/Training – Complete all homework and required coursework |
| <input type="checkbox"/> Job Search – Attend employer recruitment events | <input type="checkbox"/> School/Training – Attend all scheduled classes |
| <input type="checkbox"/> Job Search – Attend scheduled interviews | <input type="checkbox"/> Work – Provide pay stubs or other employer documentation to verify employment |
| <input type="checkbox"/> Job Search – Attend job club meetings | <input type="checkbox"/> Work – Update Case Manager on career progress or any changes |

Additional Objectives: _____

Additional Objectives: _____

Goal #4

Goal Description: _____

Date Established: _____

Predefined Objectives:

- | | |
|---|--|
| <input type="checkbox"/> Attend all scheduled employment appointments | <input type="checkbox"/> Job Search – Conduct employment research |
| <input type="checkbox"/> Job Readiness - Arrange for childcare | <input type="checkbox"/> Job Search – Provide job search logs |
| <input type="checkbox"/> Job Readiness - Arrange for transportation to activity | <input type="checkbox"/> School/Training – Enroll in school/training and obtain class schedule |
| <input type="checkbox"/> Job Readiness - Complete childcare assistance application | <input type="checkbox"/> School/Training – Notify Case Manager and Instructor if you need assistance |
| <input type="checkbox"/> Job Readiness - Provide verification for mileage or bus pass purchases | <input type="checkbox"/> School/Training – Complete all homework and required coursework |
| <input type="checkbox"/> Job Search – Attend employer recruitment events | <input type="checkbox"/> School/Training – Attend all scheduled classes |
| <input type="checkbox"/> Job Search – Attend scheduled interviews | <input type="checkbox"/> Work – Provide pay stubs or other employer documentation to verify employment |
| <input type="checkbox"/> Job Search – Attend job club meetings | <input type="checkbox"/> Work – Update Case Manager on career progress or any changes |

Additional Objectives: _____

Additional Objectives: _____

Client Name: _____ Date: _____

Refugee Agency Case Manager Name: _____

Phone Number: _____ Email: _____

Obtained Employment: Yes No

Resettlement/Employment Plan Activity Update

Activity Name	Provider's Name	Status <input type="checkbox"/> Pending <input type="checkbox"/> Active <input type="checkbox"/> Completed	Estimated Start Date	Actual Start Date	Estimated End Date	Actual End Date	
Scheduled Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Resettlement/Employment Plan Activity Update

Activity Name	Provider's Name	Status <input type="checkbox"/> Pending <input type="checkbox"/> Active <input type="checkbox"/> Completed	Estimated Start Date	Actual Start Date	Estimated End Date	Actual End Date	
Scheduled Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Resettlement/Employment Plan Activity Update

Activity Name	Provider's Name	Status <input type="checkbox"/> Pending <input type="checkbox"/> Active <input type="checkbox"/> Completed	Estimated Start Date	Actual Start Date	Estimated End Date	Actual End Date	Notes
Scheduled Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Resettlement/Employment Plan Activity Update

Activity Name	Provider's Name	Status <input type="checkbox"/> Pending <input type="checkbox"/> Active <input type="checkbox"/> Completed	Estimated Start Date	Actual Start Date	Estimated End Date	Actual End Date	
Scheduled Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

If Employed:

Employer Name and Address:		Estimated Start Date		Actual Start Date		Actual End Date	
Job Title:				Hourly Wage:			
Scheduled Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Notes: _____

I understand this employment plan and understand that if I do not sign this plan or if I do not comply with this plan, I may be subject to a penalty. The penalty may include my public benefits being lowered or ended. In addition, my eligibility for an extension of public assistance may also be affected. I understand that if I am subject to a penalty, I may appeal this to the Department of Social Services. I certify that I participated in the development of this plan and that I will work cooperatively toward achieving its goal. I will notify my case manager of any changes that effect my ability to comply with the provisions of this plan.

I authorize my Jobs First Employment Services case manager to share information concerning me and my plan with service providers and other parties as is necessary to carry out the purpose of the program under which I am receiving employment services.

Client Signature: _____ Date: _____