

Service Plan					A
Case Information					
Affiliates should use the <i>Service Plan</i> to assess clients' needs and create a self-sufficiency plan that is centered on working towards clients' employment and/or self-sufficiency. The <i>Service Plan</i> must be completed within 30 days of clients' arrival and updated throughout their R&P period to demonstrate progress in reaching established goals. The <i>Service Plan</i> is required for each refugee, including children.					
PA Name:		Case Number:			
Name: (List PA First)	Relationship to PA	Date of Birth	Employable Y/N	Enrolled in MG Y/N	Minor Code (M1-M7)
If enrolled in Matching Grant (MG)					
MG Eligibility Date <small>*(If CHEP, Asylee, VoT, non-R&P SIV or Amerasian with eligibility after 31st day or before 90th day only: Use MG Enrollment Date as Eligibility Date)</small>		# Enrolled		180th Day	
MG Enrollment Date		# of Employables		240th Day	
Monthly Income Needed to be Self-Sufficient <small>(amount noted on the MG Pre-Employment Budget):</small>					

Needs Assessment for Employable Client

This form should be completed for each employable client in the case (*copy the tab/page for each adult client who is employable*).

Client Name			Assessment Date	
Primary Language			English language level (None/Basic/Intermediate/Advanced)	
I. Employment Assessment				
	Y	N	Comments	
Do you speak English?				
Do you speak any other languages? (<i>specify language/s</i>)				
Are you able to read and write in your native language? (<i>specify any other language/s as applicable</i>)				
Do you plan to attend English classes?				
Are you able to stand, bend, lift and have full use of your hands?				
Do you have any vision or hearing problems?				
Do you have any other physical impairments that may affect your employment?				
Are there any other issues or concerns that might limit the work you can do?				
If seeking employment, do you have any restrictions on the hours/days you can work? (<i>specify restrictions</i>)				
II. EDUCATION				
Name of School/University/Other	Start	End	Degree/ Certificate/ Qualification	
III. EMPLOYMENT WORK HISTORY (<i>Write N/A in section below if client has no work history</i>)				
Job/Trade/Company	Start	End	Position or Responsibilities	
IV. PROFESSIONAL GOALS				
Optional questions to guide discussion of professional goals:			Notes	
<ul style="list-style-type: none"> • If seeking employment, what type of job are you interested in pursuing this year? • What type of job/career do you hope to have in the next few years? • What other skills and experience do you have that will help you pursue these short and long-term goals? 				

V. BASIC NEEDS		Notes
<p><i>Optional questions to guide discussion of basic needs:</i></p> <ul style="list-style-type: none"> •Do you feel safe in your home? •Are there any issues with the home that need to be addressed? (ex. bugs, broken appliance, etc.) •Do you have enough food for all members of your family? •Do you know how to use the transportation system to travel to the grocery store, home, work, affiliate office? •Do you and/or your family have enough clothing for school, work, weather conditions? 		
VI. HEALTH		Notes
<p><i>Optional questions to guide discussion of mental and physical health:</i></p> <ul style="list-style-type: none"> •How are you and your family adjusting to your new city? •How have you been eating/sleeping? •Do you have any medical needs or concerns? •Are you taking any medicine? Do you have enough medication to last until you see a doctor? •Do you know when you will see a doctor for the Refugee Health Screening? 		
VII. CHILDCARE & FAMILY WELLNESS		Notes
<p><i>Optional questions to guide discussion of childcare & family wellness:</i></p> <ul style="list-style-type: none"> •What is your current plan for childcare during working hours? •What steps are needed before children can be enrolled in daycare and/ or school? •Do you have any concerns about your children attending daycare and/or school? •Can you tell me some of the child safety laws in the United States? Do you have any questions about these laws? 		
VIII. FINANCIAL LITERACY		Notes
<p><i>Optional questions to guide discussion of financial literacy:</i></p> <ul style="list-style-type: none"> •Do you have a bank account? •Are all public benefits active? What steps are still needed? •Do you know how to pay rent, utilities, your phone bill, etc.? •When can you expect public benefits to stop or decrease? 		
IX. OTHER GOALS		Notes
Other:		

Goal(s)	
Progress	
Signatures	
<i>Client must sign the Completed Needs Assessment by the 90th day, along with a relevant staff member and interpreter, as necessary. Signed copies must be kept in the casefile.</i>	
Date Signed:	
Client Name:	
Client Signature:	
Staff Member Name:	
Staff Member Signature:	
Interpreter Name:	
Interpreter Signature	

Service Plan						C
Needs Assessment for <u>Non-Employable Adult</u>						
This form should be completed for each employable client in the case (copy the tab/page for each adult client who is not employable).						
Client Name					Assessment Date	
Primary Language					English language level (None/ Beginner/ Intermediate/ Advanced)	
Reason(s) client is not employable:						
Physical / Mental Health Reasons	Caregiver for a child under one	Caregiver for a fully dependent person	65 years or older on arrival	Late stage pregnancy	Other (include comment)	
*Reasons above are based on PRM's Program Announcement 2013-08 Attachment A. Case files should include supporting documentation and explanation as to why client is exempt from employment.						
I. LANGUAGE ASSESSMENT				Y	N	
Do you speak English?						
Do you speak any other languages? (specify language/s)						
Are you able to read and write in your native language? (specify any other language/s as applicable)						
II. BASIC NEEDS				Notes		
Optional questions to guide discussion of basic needs: • Do you feel safe in your home? • Are there any issues with the home that need to be addressed? (ex. bugs, broken appliance, etc.) • Do you have enough food for all members of your family? • Do you know how to use the transportation system to travel to the grocery store, home, work, affiliate office? • Do you and/or your family have enough clothing for school, work, weather conditions?						
III. HEALTH				Notes		
Optional questions to guide discussion of mental and physical health: • How are you and your family adjusting to your new city? • How have you been eating/sleeping? • Do you have any medical needs or concerns? • Are you taking any medicine? Do you have enough medication to last until you see a doctor? • Do you know when you will see a doctor for the Refugee Health Screening?						

IV. CHILDCARE & FAMILY WELLNESS		Notes
<i>Optional questions to guide discussion of childcare & family wellness:</i> <ul style="list-style-type: none">• What is your current plan for childcare during working hours?• What steps are needed before children can be enrolled in daycare and/ or school?• Do you have any concerns about your children attending daycare and/or school?• Can you tell me some of the child safety laws in the United States? Do you have any questions about these laws?		
V. FINANCIAL LITERACY		Notes
<i>Optional questions to guide discussion of financial literacy:</i> <ul style="list-style-type: none">• Do you have a bank account?• Are all public benefits active? What steps are still needed?• Do you know how to pay rent, utilities, your phone bill, etc.?• When can you expect public benefits to stop or decrease?		
VI. OTHER GOALS		Notes
Other:		
Goal		
Progress		
Signatures		
<i>Client must sign the Completed Needs Assessment by the 90th day, along with a relevant staff member and interpreter, as necessary. Signed copies must be kept in the casefile.</i>		
Date Signed:		
Client Name:		
Client Signature:		
Staff Member Name:		
Staff Member Signature:		
Interpreter Name:		
Interpreter Signature		

Service Plan

Minor Needs Assessment

D

This form should be completed for each minor client in the case (*copy the tab/page for each minor*). This form should be completed with the guardian if child is unable to express their own needs.

Client Name		Assessment Date	
Primary Language		English language level (None/ Beginner/ Intermediate/ Advanced)	
I. Language Assessment		Yes	No
Do you speak English?			
Do you speak any other languages? (<i>specify language/s</i>)			
Are you able to read and write in your native language? (<i>specify any other language/s as applicable</i>)			
II. BASIC NEEDS		Notes	
<p>Optional questions to guide discussions on basic needs:</p> <ul style="list-style-type: none"> •Do you feel safe in your home? •Do you know your address? •What number should you call in case of an emergency? •Do you have clothing/ shoes to wear to school (if applicable)? 			
III. HEALTH		Notes	
<p>Optional questions to guide discussion of general health:</p> <ul style="list-style-type: none"> •How have you been eating/sleeping? •Have you been sick recently? •Do you have any medical needs? 			
IV. WELLNESS		Notes	
<p>Optional questions to guide discussions of wellness:</p> <ul style="list-style-type: none"> •Do you have any concerns about attending school/daycare? •What activities to you do for fun? 			
V. OTHER GOALS		Notes	
Other:			

Goal	
Progress	
Signatures	
<i>Client must sign the Completed Needs Assessment by the 90th day, along with a relevant staff member and interpreter, as necessary. Signed copies must be kept in the casefile.</i>	
Date Signed:	
Minor Name:	
Parent/ Legal Guardian Signature:	
Staff Member Name:	
Staff Member Signature:	
Interpreter Name:	
Interpreter Signature	