

NORTH CAROLINA STATE REFUGEE OFFICE
FAMILY SELF SUFFICIENCY PLAN (DSS-6230) PART B

Client Name: _____

Alien Number: _____

Case Size: _____

MONTHLY INCOME	Income 1		\$
	Income 2		\$
	Income 3		\$
	Income 4		\$
	Total Monthly Income:		
MONTHLY BENEFITS	Cash Assistance	(RCA, TANF, MG, SSI, etc.)	\$
	SNAP		\$
	Other Benefits	(WIC, SSDI, etc.)	\$
	Other		\$
	Total Monthly Benefits:		
MONTHLY EXPENSES	Rent/ Mortgage		\$
	Gas		\$
	Electric		\$
	Water		\$
	Cable/Internet		\$
	Phone		\$
	Groceries		\$
	Personal Care	(soaps, detergents, etc.)	\$
	Transportation	(bus, car payments, insurance, etc.)	\$
	Travel Loan		\$
	Insurance	(health, auto, renters, etc.)	\$
	Savings		\$
	Other		\$
	Other		\$
	Other		\$
Total Monthly Expenses:			\$
Estimated Net Income	(Total Income + Total Benefits) – Total Expenses = Estimated Total Family Net Income		

Based on average monthly wages and cost of living in your city, is this case currently considered self-sufficient?
 YES NO

If no, please complete employability plan(s) for _____

If yes, please provide primary reasoning for enrollment into services (i.e., reskilling, job upgrade, need for other employment services, etc.): _____

Agency Staff _____

Name

Signature

Date

Client _____

Name

Signature

Date

Interpreter _____

Name

Signature

Date

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INSTRUCTIONS:

The purpose of this form is to provide a method by which the refugee service provider can assist the client in determining the amount of income which will be required in order for the client to be economically self-sufficient, and the amount of resources which will be available to the client as s/he moves toward economic self-sufficiency. An Agency Staff member must complete this form prior to the provision of services. The form should be completed for each client/ household for whom employment services are provided. If providing employment services to multiple members of the same household for whom expenses are the same, a full budget must be completed with the head of household, but a copy of the completed form(s) may be kept in subsequent family members' files.

Client Name: Print the name for whom you are making the plan.

Alien Number: Include Alien Number of the client for whom you are making the plan.

Case Size: Indicate the number of members included in the case as determined from the DSS-6230 Part A. This may include dependents or anyone else for whom the client has financial responsibility.

ESTIMATED MONTHLY INCOME:

Estimate the anticipated or actual monthly take-home wage for each employable adult in the household in spaces provided. This may also include self-employment income, such as additional income which is available to the household through a personal business (hair styling, in-home daycare, etc.). Add the total amount to determine Total Monthly Income.

ESTIMATED MONTHLY BENEFITS:

Estimate the total monthly benefit income for which the household is eligible in the boxes alongside the type of benefit. Add the total amount to determine Total Monthly Benefits.

Cash Assistance: May include RCA, TANF, SSI, etc.

SNAP: If the client/ household is receiving SNAP, also known as food stamps, indicate the monthly amount.

Other Benefits: Please indicate if the client/ household is receiving any other form of assistance, such as WIC, SSDI, etc.

ESTIMATED MONTHLY EXPENSES:

Estimate the total monthly expenses for the client/household. If sharing expenses, for example with a roommate, indicate the amount for which the client is responsible. A best estimate is fine in the event the client is unsure of exact amounts. If the client or household is not responsible for/ does not have a certain expense, please indicate "N/A." Add the total amount to determine Total Monthly Expenses.

Rent/Mortgage: Include the amount of rent the household must pay each month.

Gas/Oil: Include the estimated amount the client will pay for gas/oil service each month.

Electric: Include the estimated amount the client will pay for electricity each month.

Water: Include the estimated amount (if any) the client will pay for water each month.

Cable/ Internet: Include the estimated amount (if any) the client will pay for cable and/or internet each month.

Phone: Include the estimated amount the client will pay for telephone services each month.

Groceries: Estimate the amount the client/household will pay for food for each month.

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- Personal Care: Estimate the amount the client/household will pay for personal care items, such as soaps, lotions, detergents, etc., for each month.
- Transportation: Estimate the amount the client/ household will need for transportation each month. If the client(s) will utilize the public bus system, include the estimated cost of bus passes. If the client(s) will be utilizing a carpool, include the amount each person in the family will pay each month to carpool to their destination. If the client(s) have a car, include the estimated cost of gasoline each month, license and inspection fees, and potential repair costs.
- Travel Loan: Include the amount of any unpaid travel loan the family must repay for their travel costs. Include loan payments for each member of the family.
- Insurance: Estimate the amount the client/household will need to pay for any forms of insurance they may require. Examples may include: Health Insurance, Homeowners' or Renters' Insurance, Automobile Insurance, etc.
- Savings: Estimate the amount the client/household wishes to save each month.
- Other: Since each client's situation is unique, there are several lines for additional expenses that may not be covered by the other categories. If applicable, please write the type of expense and the monthly estimate for each in the lines provided. Examples may include:
- Child Care: Estimate the amount (if any) the client will pay for childcare each month.
- Clothing: Estimate the amount the client will pay for clothing needs each month.
- Education: Estimate the amount the client/household wishes to set aside each month for education expenses.

ESTIMATED NET INCOME:

Calculate the difference between Income (income + benefits) and Expenses to estimate the client/household net income. Using this figure, as well as average wages and average cost of living in your area, is this case currently considered self-sufficient? Please indicate yes or no.

If no, please indicate for whom in the case you will complete an employability plan (DSS-6232). If yes, please provide a brief reason for enrolling the client into an employability plan (DSS-6232). Reasons may include job upgrades, reskilling/recertification, etc.

- Agency Staff: The form should contain the signature and date of the Agency Staff Person completing the Family Self-Sufficiency Plan with the client.
- Client: The form should contain the signature and date of the client, indicating that s/he has seen, understood, and agrees to the completed Family Self-Sufficiency Plan as outlined.
- Interpreter: The form should contain the signature and date of the Interpreter. If no interpreter was required, please indicate "N/A."

**This form should be completed in conjunction with the
Vocational Training Plan (DSS-6228) and/or Employability Plan (DSS-6232)
by an Agency Staff person.**