

- a) Provider _____
- b) Client's Case Manager _____
- c) Principal Applicant _____
- d) Date of Plan _____

**NORTH CAROLINA STATE REFUGEE OFFICE
SERVICE PLAN (DSS-6231)**

SERVICE ASSESSMENT:

- | | |
|--|---|
| 1. Name _____ | 2. Alien Number _____ |
| 3. Phone: Home _____ Cell: _____ | 4. SSN: _____ |
| 5. Address: _____
_____ | 6. Date of Arrival: _____ |
| 8. E-Mail Address: _____ | 7. Immigration Status: _____ |
| 10. Ethnicity/Country of Origin: _____ | 9. Eligibility Document Attached: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 12. Date Enrolled: _____ | 11. Date of Birth: _____ |
| 14. Occupation: _____ | 13. Gender: M <input type="checkbox"/> F <input type="checkbox"/> |
| 16. Current Benefits: RCA <input type="checkbox"/> RMA <input type="checkbox"/> Medicaid <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> MG <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> | 15. Married <input type="checkbox"/> Single <input type="checkbox"/> Single Parent <input type="checkbox"/> |

Comments: _____

Transportation:

17. NC Driver's License: YES NO 18. Car: YES NO 19. Transportation Needed: YES NO
20. Current Transportation Arrangements, if any: _____

Family Members: Case Information Sheet (such as DSS-6230 pt. A) attached: YES NO

21. If not, list Name/Gender/Birth dates of Family Members: (1) _____
 (2) _____ (3) _____
 (4) _____ (5) _____
 (6) _____ (7) _____
 (8) _____ (9) _____

22. Childcare Needed? YES NO 23. If so, current childcare arrangements? _____
24. Other family in your care? YES NO 25. If so, current care arrangements? _____

Health Insurance:

26. Client Coverage: YES NO 27. Cost to Client: _____ per _____
28. Dependent Coverage: YES NO 29. Cost to Client: _____ per _____

Language:

30. First Language(s): _____ 31. English: Very Well Well Not Well Not At All N/A

Employment:

32. Currently Employed: NO YES
33. Where: _____ 34. Work Schedule (shift and days of week): _____

35. SERVICES NEEDED:

		A	B*	C	D	E
CODE	SERVICE	Yes/ No	Reason	Service Begin Date	Referral Comments	Client's Initials
380	Case Management					
381	Case Management-New Enrollee					
910	Outreach Services					
923	Transportation					
930	English Language Training					
936	Automobile Driver's Training					
945	Day Care/Child Care					
952	Wellness Group Activities					
953	Healthcare Navigation and Support					
954	Health Education and Outreach					
955	Information and Referral					
958	Civic and Social Engagement					
959	Educational and Vocational Advancement					
960	Citizenship					
961	US Civics Instruction & English Language Civics Instruction					
962	Employment Authorization Assistance					
965	Translation and Interpretation					
980	Parent Focused Assistance					
981	After-School Activities					
982	In-School Services					
983	ASA Immigration Legal Assistance					
984	AUSAA Immigration Legal Assistance					

Additional Comments: _____

36. I, _____, agree with the service plan as explained to me by the Refugee Program staff and the interpreter. If I have any questions or need additional information, I may contact my caseworker at the number listed below.

37. Client Signature: _____ 38. Date: _____

39. Parent/Guardian Signature (if client is under 18): _____

40. Name of Assigned Caseworker: _____ 41. Phone Number: _____

42. Staff Signature: _____ 43. Date: _____

44. Interpreter Name: _____

I certify that the information contained in this form has been explained to the Client:

45. Interpreter Signature: _____ 46. Date: _____

At 3 Months/ 6 Months/ 12 Months: Use Case Review Form (DSS-6235)

***Pre-Instructions for Question 35 B**

Reason Codes for Denial / Delay of Service:

- 01 Service not available through the service provider
- 02 Service not currently available; will be available by _____
- 03 Client must submit appropriate documents before service begins
- 04 Client qualifies for service but funds not available
- 05 Service not available in the geographic area in which the client lives
- 06 Client does not qualify for service requested
- 07 Service previously made available to client
- 08 Duplication of existing service
- 09 Client refused the service

**Instructions for Completing the
NC State Refugee Office Service Plan (DSS-6231)**

Purpose: The purpose of the Service Plan is to provide a tool with which the case manager and client, together, assess and evaluate the client's needs and current situation regarding what is outlined in the form. The form is to be completed by the local affiliate or refugee service provider's staff member responsible for case management services. The Plan is to be included in the client file **along with the Informed Consent for Release of Information (DSS-6236) and Client Rights Form (DSS-6237)** at the local affiliate or refugee service provider's site. A Service Plan should be created for each client receiving case management services.

- a. **Provider:** Enter the name of the agency responsible for the Service Plan for the client.
- b. **Case Manager:** Enter the name of the case manager assigned to the client for whom the Service Plan is being created.
- c. **Principal Applicant:** Enter the name of the Principal Applicant in the case.
- d. **Date of Plan:** Enter the date the Service Plan is being created.

SERVICE ASSESSMENT:

- 1. **Name:** Print the name of the individual client for whom the Service Plan is being created.
- 2. **Eligibility Document:** Check the appropriate block to indicate whether eligibility documentation was secured at the time the Service Plan is created.
NOTE: Services cannot begin until the client has submitted appropriate documentation to verify eligibility for Refugee Program Services. **The person completing this plan must attach a current copy of an eligibility document to the service plan the day the form is completed.**
- 3. **Phone:** Include home phone number, cell phone number (if applicable) and/or other phone contact numbers for the client.
- 4. **Alien Number:** Enter the Alien Number of the client.
- 5. **Address:** Enter the home address, including city, state, and ZIP code for the client.
- 6. **Date of Arrival:** Enter the official date of arrival of the client, as listed on the I-94, Certificate of Asylum, or other appropriate documentation.
- 7. **SSN:** Enter the Social Security Number of the client.
- 8. **Employment Authorization Document:** Check the appropriate block to indicate whether the client has a current Employment Authorization Document.
- 9. **EAD Number:** Enter the number of the client's Employment Authorization Document, if applicable.
- 10. **E-Mail Address:** Enter the e-mail address for the client, if applicable.
- 11. **Immigration Status:** Enter the **current** status of the client (Refugee, Asylee, Parolee, Cuban / Haitian Entrant, Amerasian, Lawful Permanent Resident, Victim of Trafficking, SIVs, Citizen).

NOTE: If the client's date of arrival is more than one year from the current date, and the client has not yet applied for adjustment of status, the case manager should inform the client that s/he is required by law to apply for adjustment of her/his status to Lawful Permanent Resident after one year from date of arrival, and that failure to apply will render the client subject to deportation.

NOTE: If the client's status is "Citizen," the client must be advised that s/he is no longer eligible for Refugee Program Services, and the case is closed.

12. Ethnicity: Enter the ethnicity, including country of origin, of the individual client for whom the Service Plan is being created. **(ex. (a) would be Montagnard, and (b) would be Vietnam).**
13. Date of Birth: Enter the date of birth for the individual client for whom the Service Plan is being created.
14. Marital Status: Check the appropriate block to indicate if the client is married, single, or a single parent.
15. Gender: Check the appropriate block to indicate the gender of the client.
16. Current Benefits: Check the appropriate block(s) to indicate any public benefits the client is currently receiving. Enter any comments or relevant details below, such as the begin date and/or end date of benefits received.

Transportation:

17. NC Driver's License: Check the appropriate block to indicate whether the client has a current NC Driver's License.
18. Car: Check the appropriate block to indicate whether the client has or has access to a car for purposes of employment transportation.
19. Transportation Needed: Check the appropriate block to indicate whether the client will need transportation assistance in order to get to the services that are needed.
20. Transportation Arrangements: If "Yes," enter pertinent information regarding the client's current arrangements for transportation.

Dependents:

21. Case Information Sheet Attached?: Attach a case information sheet that details name, gender, and birth dates for each member of the case for whom the client has responsibilities (financial support, transportation, childcare, etc) which should be considered in his/her service plan (such as form DSS-6230 pt. A). Note that it is included with the client's file by selecting "YES" in this section. If no case information sheet is attached, please include this information in the lines provided. Attach additional pages as needed.
22. Childcare Needed: Check the appropriate block to indicate whether the client will need childcare in order to meet the expectations of his/her service plan.
23. Current Childcare Arrangements: Enter pertinent information regarding the client's current childcare arrangements.
24. Other dependents: Check the appropriate block to indicate whether the client has other dependents for whom s/he is responsible, and who should be considered in his/her service plan.
25. Current Care Arrangements: Enter pertinent information regarding the client's current care arrangements for the other dependent(s) for who s/he is responsible.

Health Insurance:

26. Client Coverage: Check the appropriate block to indicate whether the client has health insurance to cover him or herself.
27. Cost to Client: If response to #26 is "Yes," indicate the cost to the client to maintain current health insurance for him or herself.
28. Dependent Coverage: Check the appropriate block to indicate whether the client has health insurance to cover his or her dependents.
29. Cost to Client: If response to #28 is "Yes," indicate the cost to the client to maintain current health insurance for his or her dependents.

Language:

30. First Language: Enter the first (native) language of the client which s/he spoke in his/her country of origin.
31. English Ability: Check the appropriate block to indicate the current English proficiency level of the client, as perceived by the case manager.

Employment:

32. Currently Employed: Check the appropriate box to indicate whether the client is currently employed.
33. Current Employer: If the client is currently employed, check the appropriate box and enter the name of the current employer.
34. Work Schedule: Enter the shift the client works and the days of the week.

35. SERVICES NEEDED:

Column A: Indicate which services are being requested by the client or are being made available to the client.

Column B: If the case manager's decision is not to refer the client for a service, indicate the reason code from the reasons listed in the pre-instruction section of the Service Plan.

Column C: If services are to be provided indicate the service begin date in this column.

Column D: If referrals are appropriate, enter comments on the provider or agency to which the client will be referred for services.

Column E: The client should initial each service in this column to indicate that s/he understands each of the services being offered or denied, and has been offered the appropriate service or understands the reason for denial. Use the space below the table for any additional information.

NOTE: If a client requests any employment service, the agency should fill out an employability plan for the client.

SIGNATURES:

36. Print the name of the client in the blank space provided which indicates the client's understanding of the Service Plan.
37. Client Signature: Ensure the client signs the Service Plan after it has been explained and interpreted.
38. Date: Enter the date when the client signs the Service Plan.
39. Parent/Guardian Signature: If the client is a minor, ensure the client's parent or guardian signs the Service Plan after it has been explained and interpreted. If no parent or guardian signature is needed, write N/A.
40. Name of Assigned Caseworker: Print the name of the staff member who will be providing Refugee Social Services to the client.
41. Phone Number: Enter the telephone number where the staff member can be reached during normal working hours.
42. Staff Signature: Ensure the staff member who completes the Service Plan signs the Service Plan.
43. Date: Enter the date when the staff member signs the Service Plan.
44. Interpreter Name: Print the name of the interpreter or staff member who interpreted for the client in developing the Service Plan. If no interpreter was necessary, please write N/A.
45. Interpreter Signature: Ensure the interpreter signs the Service Plan after it has been explained and interpreted.
46. Date: Enter the date when the interpreter signs the Service Plan.

At 3 Months/ 6 Months/ 12 Months: Use Case Review Form (DSS-6235) to follow up with the client on their progress.

Note: Case Manager or provider staff member completing the Service Plan should ensure the client receives a signed copy of the form upon completion.