

- a) Provider \_\_\_\_\_
- b) Case Manager \_\_\_\_\_
- c) Principal Applicant \_\_\_\_\_
- d) Date of Plan \_\_\_\_\_

**NC STATE REFUGEE OFFICE  
EMPLOYABILITY PLAN (DSS-6232)**

**EMPLOYABILITY ASSESSMENT:**

1. Name \_\_\_\_\_
2. Alien Number \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. SSN: \_\_\_\_\_
5. Address: \_\_\_\_\_  
\_\_\_\_\_
6. Date of Arrival: \_\_\_\_\_
7. Immigration Status: \_\_\_\_\_
8. E-Mail Address: \_\_\_\_\_
9. Eligibility Document Attached: YES  NO
10. Ethnicity/Country of Origin: \_\_\_\_\_
11. Date of Birth: \_\_\_\_\_
12. Date Enrolled: \_\_\_\_\_
13. Gender: M  F
14. Occupation: \_\_\_\_\_
15. Married  Single  Single Parent
16. Current Benefits: RCA  RMA  Medicaid  Food Stamps  TANF/Work First  MG  Other  None
17. a) Have benefits changed since last assessment? YES  NO   
b) If so, specify which ones: \_\_\_\_\_
18. First Language(s): \_\_\_\_\_
19. English Ability: Very Well  Well  Not Well  Not At All  N/A
20. English Education: \_\_\_\_\_
21. ELT Assessment Results: Pre-Test Level: \_\_\_\_\_ Most Recent Level: \_\_\_\_\_
22. Family Support to Attend English Language Training: YES  NO  Not Sure
23. **Case Information Sheet (such as DSS-6230 pt. A) attached:** YES  NO   
If not, list Name/Gender/Birth dates of Family Members (attach additional sheets as needed): \_\_\_\_\_
24. Childcare Needed? YES  NO
25. If so, current childcare arrangements? \_\_\_\_\_
26. Other dependents in your care? YES  NO
27. If so, current care arrangements? \_\_\_\_\_
28. NC Driver's License: YES  NO
29. Car: YES  NO
30. Transportation Needed: YES  NO
31. If so, transportation plan? \_\_\_\_\_

**Education:**

32. Years of Education:            0   1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   +
33. Degree(s) Obtained and Granting Institution: \_\_\_\_\_
34. Special Skills: \_\_\_\_\_
35. Additional Classes / Training in US: \_\_\_\_\_

**Health Insurance:**

36. Client Coverage: YES  NO  37. Cost to Client: \_\_\_\_\_ per \_\_\_\_\_  
38. Dependent Coverage: YES  NO  39. Cost to Client: \_\_\_\_\_ per \_\_\_\_\_

**Employment:**

40. Employment Authorization Document: YES  NO  41. EAD Number: \_\_\_\_\_  
42. Hours/Days available to work? \_\_\_\_\_  
43. Prior Work Experience in Home Country: \_\_\_\_\_

44. Prior Work Experience in US:

Dates	Employer	Position Title	Reason for Leaving	Rate of Pay

**EMPLOYMENT/ VOCATIONAL GOAL:**

45. Job Objectives / Position: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
46. Job Limitations: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
47. Wage Range: \_\_\_\_\_ per \_\_\_\_\_ F/T  P/T  48. Hours Preferred: \_\_\_\_\_  
49. Transportation Plan: \_\_\_\_\_  
50. Child Care Plan: \_\_\_\_\_  
51. Training Plan: \_\_\_\_\_

**52. POTENTIAL EMPLOYMENT OPPORTUNITIES:**

Employer	Position	Interview Date	Job Start Date	Rate of Pay	Schedule

53. Currently Employed: NO  YES  54. Date Started: \_\_\_\_\_  
55. Current Employer: \_\_\_\_\_ 56. Position: \_\_\_\_\_  
57. Full Time  Part Time  58. Rate of Pay \_\_\_\_\_ 59. Hours per Week/ Schedule: \_\_\_\_\_

**60. EMPLOYMENT SERVICE PLAN:**

CODE	SERVICE	A Yes/ No	B* Reason	C Service Begin Date	D Referral Comments	E Client's Initials
915	Employability Assessment					
920	Pre-Employment					
921	Job Development					
922	Employment Follow-Up					
923	Employment Transportation					
924	Initial Employment					
925	Current Job Placement					

927	ELT-Advanced					
928	ELT-Beginner					
929	ELT-Intermediate					
930	English Language Training					
931	ELT (Referral)					
932	VST Completion					
935	Vocational Skills Training and Vocational Education					
936	Automobile Driver's Training					
940	Skills Recertification					
945	Day Care/ Child Care					
962	Employment Authorization Assistance					
970	On-the-Job Training					

**61. PLAN FOR OTHER SERVICES:**

CODE	SERVICE	A	B*	C	D	E
		Yes/ No	Reason	Service Begin Date	Referral Comments	Client's Initials
380	Case Management					
381	Case Management-New Enrollee					
910	Outreach Services					
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					
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					

62. I, \_\_\_\_\_, agree with my employment plan as explained to me by the Refugee Employment Program staff and/or the interpreter. If I have any questions or need additional information, I may contact my employment counselor at the number listed below.

63. Client Signature: \_\_\_\_\_ 64. Date: \_\_\_\_\_

65. Staff Name: \_\_\_\_\_ 66. Phone Number: \_\_\_\_\_

67. Staff Signature: \_\_\_\_\_ 68. Date: \_\_\_\_\_

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

69. Interpreter Name: \_\_\_\_\_

70. Interpreter Signature: \_\_\_\_\_ 71. Date: \_\_\_\_\_

**72. JOB PLACEMENT PROGRESS FOLLOW-UP**

**At 1 Week:**

Date: _____	Staff Member: _____
Progress: _____	
_____	
_____	
Future Action: _____	
_____	
_____	

**At 1 Month:**

Date: _____	Staff Member: _____
Progress: _____	
_____	
_____	
Future Action: _____	
_____	
_____	

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

**\*Pre-Instructions for Questions 60 & 61 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 Employability Plan (DSS-6232)**

**Purpose:** The purpose of the Employability Plan is to provide a tool by which the employment counselor and client, together, assess and evaluate the skills, abilities and interests of the client to determine potential employment opportunities and appropriate placement. The form is to be completed by the refugee service provider's staff member responsible for employment services. The Plan is to be included in the client file **along with the Family Self-Sufficiency Plan (DSS-6230A and B), Informed Consent for Release of Information (DSS-6236), Client Rights Form (DSS-6237), and Mutual Responsibility Agreement (DSS-6239A and B)** at the local affiliate or refugee service provider's site. An Employability Plan MUST be created for each client receiving employment services.

- a. Provider: Enter the name of the agency responsible for the Employability Plan for the client.
- b. Case Manager: Enter the name of the case manager assigned to the client for whom the Employability 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 Employability Plan is being created.

**EMPLOYABILITY ASSESSMENT:**

- 1. Name: Print the name of the individual client for whom the Employability Plan is being created.
- 2. Alien Number: Enter the Alien Number of the client.
- 3. Phone Number: Include home phone number, cell phone number (if applicable) and/or other phone contact numbers for the client.
- 4. SSN: Enter the Social Security 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. Immigration Status: Enter the **current** status of the client (Refugee, Asylee, Parolee, Cuban / Haitian Entrant, Amerasian, Lawful Permanent Resident, Victim of Trafficking, 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 employment counselor 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 Assistance Program services, and the employment counselor should notify Case Management and/or other staff in order to begin procedures to close the case.

- 8. E-Mail Address: Enter the e-mail address for the client, if applicable.
- 9. Eligibility Document: Check the appropriate block to indicate whether eligibility documentation was secured at the time the Employability Plan is created.

NOTE: Employment services can not begin until the client has submitted appropriate documentation to verify eligibility for Refugee Assistance Program services.

- 10. Ethnicity: Enter the ethnicity, including country of origin, of the individual client for whom the Employability Plan is being created.
- 11. Date of Birth: Enter the date of birth for the individual client for whom the Employability Plan is being created.
- 12. Date Enrolled: Enter the date the client first enrolled in the agency's Employment Services program.
- 13. Gender: Check the appropriate block to indicate the gender of the client.
- 14. Occupation: Enter the occupation of the client prior to or subsequent to arrival in the US.
- 15. Married: Check the appropriate block to indicate if the client is married, single, or a single parent.

16. Current Benefits: Check the appropriate block(s) to indicate any public benefits the client is currently receiving.
17. a) Have benefits changed? If applicable, indicate if there has been a change in the public benefits received by the client since the last employment assessment was completed.
- b) Specific benefits Specify which benefits have changed in the space provided.

**English Language Ability:**

18. First Language: Enter the first (native) language of the client which s/he spoke in his/her country of origin.
19. English Ability: Check the appropriate block to indicate the current English proficiency level of the client, as perceived by the Employment counselor.
20. English Education: Enter any pertinent information regarding the client’s English Language training prior to arrival in the US.
21. ELT Assessment Results: Enter pre-test scores from the client’s English Language Training Assessment (DSS-6234) and the client’s score from the most recent ELT assessment, if applicable.
22. Family Support to Attend English Language Training: Check the appropriate block to indicate whether the client has the support of his/her family to assist him/her in successful participation in English Language Training

**Other Arrangements Required:**

23. 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 employability plan and note that it is included 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.
24. Childcare Needed: Check the appropriate block to indicate whether the client will need childcare in order to meet the expectations of his/her job.
25. Current Childcare Arrangements: Enter pertinent information regarding the client’s current childcare arrangements.
26. 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 employability plan.
27. Current Care Arrangements: Enter pertinent information regarding the client’s current care arrangements for the other dependent(s) for whom s/he is responsible.
28. NC Driver’s License: Check the appropriate block to indicate whether the client has a current NC Driver’s License.
29. Car: Check the appropriate block to indicate whether the client has or has access to a car for purposes of employment transportation.
30. Transportation Needed: Check the appropriate block to indicate whether the client will need transportation assistance in order to be successfully employed.
31. Transportation Arrangements: If “Yes,” enter pertinent information regarding the client’s current arrangements for employment transportation.

**Education**

32. Years of Education: Circle the number, which indicates the number of years of formal education, which the client has completed.
33. Degree: Enter the degree program and specific area of study (major) which the client has completed, if any.

34. Special Skills: Enter any special skills, proficiency, or expertise the client has acquired prior to or subsequent to arrival in the U.S.
35. Additional US Classes/Training: Specify any classes or training (other than ELT) the client has completed subsequent to arrival in the U.S.

### **Health Insurance**

36. Client Coverage: Check the appropriate block to indicate whether the client has health insurance to cover himself or herself.
37. Cost to Client: If response to #36 is “Yes,” indicate the cost to the client to maintain current health insurance for himself or herself.
38. Dependent Coverage: Check the appropriate block to indicate whether the client has health insurance to cover his or her dependents.
39. Cost to Client: If response to #38 is “Yes,” indicate the cost to the client to maintain current health insurance for his or her dependents.

### **Employment**

40. Employment Authorization Document: Check the appropriate block to indicate whether the client has a current Employment Authorization Document.
41. EAD Number: If response to #40 is “Yes,” enter the client’s EAD Number.
42. Hours/Days available: Write what hours and days the client is able to accept for employment (examples include, “Weekends and Evenings” or “Mon-Fri 7am-2pm”).
43. Prior Work Experience in Home Country: Enter pertinent information regarding the client’s employment experiences prior to arrival in the U.S. Include any specific skills gained in the employment experience(s), and any information not previously documented in the Employability Plan which may assist in obtaining employment in the U.S.
44. Prior Work Experience in U.S.: Enter pertinent information regarding the client’s prior employment experience since his/her arrival in the U.S. Include a) dates of employment, b) the name of the employer, c) the title of the position the client held, d) the reason for leaving, e) and the rate of pay at the time the client terminated employment.

### **EMPLOYMENT/ VOCATIONAL GOAL:**

45. Job Objective: Enter one or more specific job objectives, career goals, and/or interests the client has which relate to employment. The employment counselor should assist the client in identifying which kind(s) of jobs he/she is interested and willing to pursue.
46. Job Limitations: Enter any specific information regarding which kind(s) of jobs the client can not or will not consider. For example, specify if the client will not take a job which requires standing for long hours, or a job which requires handling certain foods (name the foods), or a job in which the client feels inadequate or uncomfortable (lack of confidence in English language ability, etc).
47. Wage Range: Enter the amount per hour the client indicates as compensation for his/her job objective.
48. Hours Preferred: Enter the specific hours the client prefers to work (ex: “daytime only” or “midnight – 8:00 a.m.”)
49. Transportation Plan: Enter any pertinent information regarding the plan for the client’s employment transportation.
50. Child Care Plan: Enter any pertinent information regarding the plan to meet the client’s employment-related childcare needs.
51. Training Plan: Enter any pertinent information regarding additional English Language Training, skills training, or job readiness training considered necessary by the employment counselor for successful job placement and employment.

**POTENTIAL EMPLOYMENT OPPORTUNITIES:**

- 52. In (a) list employers to which the employment counselor will refer the client, and (b) the position to which the employment counselor will refer the client. Include in (c) the date scheduled for a client interview, if any, in (d) the date the job begins, if known, in (e) the hourly, weekly or monthly wage, and in (f) the shift or hours the client would work if employed.
- 53. Currently Employed: Check the appropriate block to indicate whether the client is currently employed.
- 54. Date Started: If response to #43 is "Yes," enter the date the client began working in his current employment situation.
- 55. Current Employer: If the client is currently employed, enter the name of the current employer.
- 56. Position: If the client is currently employed, enter the title or position of the client.
- 57. Full Time/  
Part Time: If the client is currently employed, check the appropriate box to indicate whether that the client's current employment is full-time or part-time.
- 58. Rate of Pay: If the client is currently employed, enter the current hourly, weekly or monthly wage the client is paid in his/her current job.
- 59. Hours/ Schedule: If the client is currently employed, enter the client's current schedule of employment (which days per week and which hours per day).

**SERVICES TO BE OFFERED/PROVIDED**

60. Employment Service Plan:

**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.

Use the Comments line below for any additional information or comments.

61. Plan for Other Services: Even if the client has come to the agency for employment services, go over the other services that are offered by the agency.

**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.

Use the Comments line below for any additional information or comments.

**SIGNATURES:**

- 62. Client Name: Print the name of the client in the blank space provided which indicates the client's understanding of the employability plan.
- 63. Client Signature: Ensure the client signs the Employability Plan after it has been explained and interpreted.
- 64. Date: Enter the date when the client signs the Employability Plan.
- 65. Staff Name: Print the name of the staff member who has assisted the client in creating the Employability Plan.
- 66. Phone Number: Enter the telephone number where the staff member can be reached during normal working hours.



67. Staff Signature: Ensure the staff member who completes the Employability Plan signs the Employability Plan.
68. Date: Enter the date when the staff member signs the Employability Plan.
69. Interpreter Name: Print the name of the interpreter or staff member who interpreted for the client in developing the Employability Plan. If no interpreter was necessary, write N/A.
70. Interpreter Signature: Ensure the interpreter signs the Employability Plan after it has been explained and interpreted.
71. Date: Enter the date when the interpreter signs the Employability Plan.

### **Job Placement Progress Follow-Up**

72. Employment Follow-Up:

**At 1 Week:** List the date, on or around one week from the first day the client began employment, when the employment counselor contacted the employer to determine the client's progress. Include notes and/or employer comments regarding the performance and progress of the client in the job. List any future action or follow-up activities which the employment counselor and/or client should take to ensure job stability and success.

**At 1 Month:** List the date, on or around one month from the first day the client began employment, when the employment counselor contacted the employer to determine the client's progress. Include notes and/or employer comments regarding the performance and progress of the client in the job. List any future action or follow-up activities which the employment counselor and/or client should take to ensure job stability and success.

**At 3 Months/  
6 Months/  
12 Months:** On or around three months from the first day the client was enrolled, use Case Review Form (DSS-6235) to follow up with the client on their progress. Continue to check in at six and twelve months. At the 12-month follow-up, also note whether the client has met their primary and/or secondary goals as designated in the Family Self-Sufficiency Plan (DSS-6230 Part A).

**Note:** Provider staff member completing the EMPLOYABILITY PLAN (DSS-6232) should ensure the client receives a signed copy of the form upon completion.