

**PA Name:**

**Case Number:**

<b>Current Address</b>		<b>Arrival Date</b>	
<b>Phone Number</b>		<b>30th Day</b>	
<b>E-mail</b>		<b>90th Day</b>	

<b>If Enrolled in MG</b>					
<b>MG Eligibility Date</b>		<b># Enrolled</b>		<b>120th Day</b>	
<b>MG Enrollment Date</b>		<b># of Employables</b>		<b>180th Day</b>	
<b>Monthly Income to Be Self-Sufficient - as Noted on MG Budget: \$</b>					

Name (List PA first)	DOB	Alien Number	Social Security Number	Employable R&P	MG	Enrolled in MG	Minor Code (M2-M7)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							

**Comments:**

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Identify family strengths and needs below for follow-up throughout R&P and MG. Insert rows as needed.  
**Please provide follow-up in PART E - Family & Individual Action Plan.**

PA Name:

Case Number:

Assessment Date:

	Assessment (Agency Staff and Client Self-Assessment)
<b>Housing</b>	
<b>Food</b>	
<b>Clothing</b>	
<b>Transit</b>	
<b>Financial Literacy</b>	
<b>Childcare</b>	
<b>Family Wellness**</b>	
<b>Life Skills</b>	
<b>Other (describe)</b>	

\* Adapted from the Kentucky Office of Refugees

\*\* Family Wellness sample questions - Are you experiencing violence in the home? Marital difficulties? Problems with alcohol? Behavioral issues with children?

**Please provide follow-up in PART E - Family & Individual Action Plan**

**Client Name:**

**Case Number:**

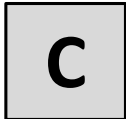
**Assessment Date:**

<b>I. LANGUAGE AND LITERACY SKILLS</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Primary Language <i>(please specify language)</i>			
Literate in primary language			
Other languages spoken <i>(please specify language(s))</i>			
English language level <i>(select level that applies)</i>	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		
English language training needed			

<b>II. HEALTH STATUS</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Are you able to stand, bend, lift and have full use of hands?			
Do you have any vision or hearing problems?			
Do you have any other physical impediments that may affect employment?			
Are you on medication that may limit your employment?			
Do you have any medical/mental health needs that need to be addressed? (Are you sleeping well? Do you feel anxious? Do you feel safe?)			

<b>III. CHILDCARE</b>	<b>Y</b>	<b>N</b>	<b>N/A</b>	<b>Comments</b>
Has children under one - there is a person designated for care				
Has adequate daycare (+1 years old to 4 years old)				
Has after-school care (kindergarten to 14 years old)				

<b>IV. EDUCATION</b>				
<b>Name of School/University/Other</b>	<b>From</b>	<b>To</b>	<b>City/Country</b>	<b>Degree/Certificate/Qualification</b>



Client Name:

<b>V. WORK HISTORY</b>	<b>Y</b>	<b>Comments</b>
Worked previously		
Never worked		
Student		

<b>Job/Trade/Company</b>	<b>From</b>	<b>To</b>	<b>City/Country</b>	<b>Position &amp; Responsibilities</b>

<b>VI. JOB AVAILABILITY</b>	<b>Answers/Comments</b>
Do you have any restrictions on the hours/days you can work? If yes, what are the restrictions?	
Do you have any religious restrictions that limit the kind of work you are willing and able to do?	
Are there any other issues or concerns that might limit the work you can do?	
What will you do to look for a job yourself? <i>(optional)</i>	

<b>VII. PROFESSIONAL GOALS</b>	<b>Answers/Comments</b>
What type of job/future would you like to have in five years?	
What type of job/career interests you this year?	
What other skills and experience do you have that will help you pursue these short and long-term goals?	

**Additional Comments/Concerns:**

**Please provide follow-up in PART E - Family & Individual Action Plan**

**Client Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_ **Assessment Date:** \_\_\_\_\_

<b>I. LANGUAGE AND LITERACY SKILLS</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Primary Language <i>(please specify language)</i>			
Literate in primary language			
Other languages spoken <i>(please specify language(s))</i>			
English language level <i>(select level that applies)</i>	<input type="checkbox"/> None <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced		
English language training needed			

<b>II. EDUCATION</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Highest level of education <i>(please specify)</i>			
Education follow-up needed			

<b>III. HEALTH STATUS</b>	<b>Y</b>	<b>N</b>	<b>Comments</b>
Do you have any vision or hearing problems?			
Do you have any medical/mental health needs that need to be addressed? (Alternate: Are you sleeping well? Do you feel anxious? Do you feel safe?)			
Are you on medication that may interfere with daily activities?			

<b>IV. GOALS</b>	<b>Answers/Comments</b>
Do you have goals for your first year in the US?	

**IV. REASON(S) THIS INDIVIDUAL IS NOT EMPLOYABLE\***

Physical/Mental health reasons	Care giver for a child under one	Care giver for a fully dependent person	65 years or older on arrival	Late stage pregnancy	Under 18 years old on arrival	Other <i>(please explain)</i>

\*Reasons above are based on PRM's Program Announcement 2013-08 Attachment A. Please ensure that case files include supporting documentation and explanation as to why client is exempt from employment.

**Additional Comments/Concerns:**



Case Number: \_\_\_\_\_

Goal/Need	Action	Case Member(s) Assisted (Client's name)	Time Frame (Begin date & End date)	Person(s) Responsible	Follow-up Dates as Needed (Description of follow-up is found in case notes)	Completion Date

I understand and agree with this plan.\*

<b>PA Name:</b>		<b>Signature:</b>	<b>Date:</b>
<b>Adult Client Name:</b> (Please indicate N/A, if not applicable)		<b>Signature:</b>	<b>Date:</b>
<b>Caseworker/Staff Name:</b>		<b>Signature:</b>	<b>Date:</b>
<b>Interpreter Name:</b> (Please indicate N/A, if not applicable)		<b>Signature:</b>	<b>Date:</b>

\* As of Assessment Date.