# Refugee Support Services Self-Sufficiency and Employability Plan

a. Service Provider: _						
b. Case Manager:						
c. Date of SSP:						
d. Date of EP:						
Section One: Ho (Attach additional			ions for household	d members	if needed)	
Name (Last, First, Mid	ldle):			_ Date of Bi	rth (MM/DD/YYYY):	
Date of ORR Eligibility	(MM/DD/YYYY	):	Date of	Arizona Arri	val ( <i>MM/DD/YYYY</i> ):	
Local Resettlement Aç	gency/Private Sp	onsorship Gro	oup:			
Alien Number:	Sc	cial Security	Number:	DES	Case Number:	
Gender Identity: M	lale Female	Other	Country of	f Origin:		
ARRPODS Account?	Yes No			Progr	am Enrollment Date:	
Physical Address (Nur	mber, Street):					
City:			State:		ZIP Code:	
Mailing Address ((if dif	ferent from phys	ical address):				
City:			State:		ZIP Code:	
Phone Number:			Email:			
Preferred method of co	ontact: Emai	l Phone	Text Message	Other:		_
Immigration Status:	Amerasian	Asylee	Cuban/Haitian Ent	rant Vi	ctim of Human Trafficking	
	Refugee	SIV	UHP US	Born Citizer	ı	
Marital Status:	Married	Separated	Divorced		Widowed	
	Domestic Part	ners	Common L	aw	Cohabiting Couple	
Do you have depende	nts? Yes	No				
Primary spoken langua	age:		Other spoken lan	guages:		
Languages able to rea	id and write:					_
Do you need interpreta	ation services or	translation of	documents? Ye	s No		

RRP-1036A FORFF (11/24) Page 2 of 43

## Additional Household Information Public Benefit Assistance (Check all that apply)

TANF	
RCA	
Matching Grant Program	
Former Matching Grant Program	
SSI	
No Cash	
AHCCCS	
RMA	
SNAP	
WIC	
Worker's Compensation	
Other:	
f you receive any of the above listed types	of public benefit, please answer the following questions:
	?
·	
f you are not receiving any of these benefits	
	penefits?
f No, are you interested in receiving benefits fo	r which you are eligible?
Household Income	
ncome source, if any:	Monthly amount:
Health Insurance	
Medicaid coverage: Yes No	If 'Yes', what is your current plan?
viedicald coverage. Tes 140	ii Tes, what is your current plan:
Employer coverage: Yes No	If 'Yes', what type of coverage and cost of the plan?
Coverage for dependents: Yes No	If 'Yes', what type of coverage and cost of the plan?
severage for depondents.	in 100, what type of coverage and coot of the plant.
Household Budget	
ncome: Yes No	
f 'Yes', please describe Type:	Monthly amount:
Housing Type: Permanent Temporary	
Housing Budget Type: Rent Mortgage	Other:
Are you sharing household expenses? Yes	No If 'Yes', please list the type of expenses you share.

RRP-1036A FORFF (11/24) Page 3 of 43

## **Utility Type:** Housing: Monthly amount: \_\_\_\_\_ Is the client experiencing any immediate issues with housing? If 'Yes', please explain: Yes No Monthly amount: Is the client experiencing any immediate issues with electric? Yes If 'Yes', please explain: No Monthly amount: \_\_\_\_\_ Is the client experiencing any immediate issues with gas? Yes If 'Yes', please explain: No \_ Monthly amount: \_\_\_\_\_ Is the client experiencing any immediate issues with water? If 'Yes', please explain: Yes No Monthly amount: \_\_\_\_\_ Is the client experiencing any immediate issues with phone? Yes No If 'Yes', please explain: Monthly amount: \_\_\_\_ Is the client experiencing any immediate issues with other? Yes If 'Yes', please explain: No \_\_\_ Monthly amount: \_\_\_\_\_ Is the client experiencing any immediate issues with food? If 'Yes', please explain: Yes No Clothing: \_\_\_\_\_ Monthly amount: \_\_\_\_\_

Yes

No

If 'Yes', please explain:

Is the client experiencing any immediate issues with food?

RRP-1036A FORFF (11/24) Page 4 of 43

Personal Items:	_ Mont	hly amount:
Is the client experiencing any immediate issues with personal items? Yes	No	If 'Yes', please explain:
Child Care:	_ Mont	hly amount:
Is the client experiencing any immediate issues with child care? Yes No		If 'Yes', please explain:
Transportation:	_ Mont	hly amount:
Is the client experiencing any immediate issues with transportation? Yes	No	If 'Yes', please explain:
IOM Travel Loan:	_ Mont	hly amount:
Is the client experiencing any immediate issues with IOM Travel Loan? Yes		If 'Yes', please explain:
Other Expenses:	Mont	hly amount:
Is the client experiencing any immediate issues with other expenses? Yes	_ No	hly amount: If 'Yes', please explain:

Notes and Considerations - Please note any household immediate needs for support.

RRP-1036A FORFF (11/24) Page 5 of 43

English Language Proficiency and Trai		int. Addit Housel	loid Mellibers	
	,	Vell Not Well nder 16 years old	Not At All Unable to provid	le information
Primary spoken language:				
Other spoken languages:				
Languages able to read and write:				
Do you need interpretation services or transla	ation of docum	nents? Yes N	No	
Attending English Language Training (ELT)?	Yes I	No		
Has attended ELT previously? Yes	No			
Interested in ELT referral? Yes No				
Health				
Have you received a Refugee Domestic Medi	cal Screening	j? Yes No		
If 'No', are you interested? Yes No				
Do you need a referral for any medical or me	ntal health iss	ues? Yes No	0	
Do you currently have a primary care physicia	an? Yes	No		
Digital Technology Assessment				
Have you ever applied online for any services	s? Yes	No		
How comfortable are you using a computer?	Very Com	nfortable Comfo	rtable Not Cor	mfortable
What technology do you currently use?	omputer	Smartphone La	aptop Tablet	Landline
Do you have experience using any of the followard Microsoft Office Suites Google Suites	es Zoom		s	
Other:		No Experience		
How comfortable are you attending virtual me	etings? V	ery Comfortable	Comfortable	Not Comfortable
Transportation				
Do you have access to reliable transportation	? Yes	No		
If yes, do you have a vehicle? Yes N	lo			
Do you have an Arizona Driver's License?	Yes No	)		
Do you need transportation? Yes No	)			

Yes

No

Do you know how to navigate public transportation?

RRP-1036A FORFF (11/24) Page 6 of 43

Household Member Self-Suf	ficiency Assessmen	t: Minor Hoເ	usehold N	Membe	rs		
School Enrollment							
Is the child currently enrolled in an e	ducational institution?	Yes No					
If yes, what type of educational instit	ution (e.g. Public, Private	e, Residential)?					
What Grade-Level? Early Childh	ood Development (0-3)	Pre-K	K				
1 2	3 4 5 6	7 8	9	10	11	12	12+
If the child is within child care age, a	re they receiving child ca	re services?	Yes	No			
If 'No', do you need assistance with t	inding child care service	s? Yes	No				
Does the child have any additional s	upport needs? Yes	No					
Does the child participate in any extr	acurricular activities?	Yes No					
If yes, what type of activities?							
English Language Proficiency							
Spoken English language proficiency	y: Very Well We N/A individual undo			At All ble to pr	ovide ir	nformati	on
Primary spoken language:							
Other spoken languages:							
Languages minor child is able to rea	d and write:						
Do you need interpretation services	or translation of docume	nts for the child	l? Yes	No			
Is the child in need of any additional	tutoring/support with sch	ooling? Ye	s No				
If 'Yes, what subjects or topics do yo	u need tutoring?						
Employment							
Is the minor over the age of 16 years	? Yes No						

Yes

No

If 'Yes', are they currently employed or seeking employment?

RRP-1036A FORFF (11/24) Page 7 of 43

### Section Two: Self-Sufficiency Plan and Goals (Please use this template for all household members)

Use this form to develop employability goals with the client(s), clearly indicating which action items are the responsibility of the client and provider. Goal types: Childcare, Emergency Services, English Language Training, Employability Assessment, Enrollment Into and Tracking of External Services, Health Needs, Home Management, Outreach Services, and Transportation

#### **Short-Term Case Management Goals**

Examples	of Short-Term	Goals:
----------	---------------	--------

- Access to Reliable Transportation
- Secure Childcare Services
- Improve English Proficiency
- Acquire Transferable Job Skills
- Acquire Entry-Level Employment
- ✓ Address/Health Needs (provide copies of medical) records if applicable)
- Access to Immigration Services, e.g., assistance with acquiring employment authorization
- Access to Additional Life Skills Training
- Provide education and inquire about home safety

Flovide 0.3 Systems and Conventional Customs Education	Fromue education and inquire about nome salety
0.10.70	
Goal One Title:	
Goal One Description:	
Barrier Description to Achieving Goal One:	

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress Notes and Updates:			
Barrier Description to Achieving Goal One:			
2. Barner Besorption to Admoving Coal One.			
Antique Talente Occasione Bassian	Action	Hadataa an Astian	A add a ra
Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			
Progress Notes and Updates:			,
3. Barrier Description to Achieving Goal One:			

Page 8 of 43

RRP-1036A FORFF (11/24)

RRP-1036A FORFF (11/24) Page 9 of 43

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			
Described Notes and Hedeless			

Progress Note	s and	Upc	iates.
---------------	-------	-----	--------

Goal Two Title:		

Goal Two Description:

1. Barrier Description to Achieving Goal Two:

RRP-1036A FORFF (11/24) Page 10 of 43

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

I	Progress	Notes	and	Und	ates.
ı	riuuless.	110162	anu	upu	สเธธ.

### 2. Barrier Description to Achieving Goal Two:

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress Notes and Updates:		

Page 11 of 43

3	Barrier Descrip	tion to	<b>Achieving</b>	Coal	Two.
ა.	Damer Descrip	טו ווטוו	Achieving	Goai	IWO.

RRP-1036A FORFF (11/24)

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress Notes and Updates:

RRP-1036A FORFF (11/24) Page 12 of 43

#### **Long-Term Case Management Goals**

Examples of Long-Term Goals:

- ✓ Access to Reliable Transportation
- Secure Childcare

- ✓ Improve English Proficiency
   ✓ Acquire Transferable Job Skills
   ✓ Acquire Entry-Level Employment
   ✓ Provide U.S Systems and Conventional Customs Education
- ✓ Address /Health Needs (provide copies of medical) records if applicable)
- ✓ Access to Immigration Services, e.g., assistance with acquiring employment authorization

  ✓ Access to Additional Life Skills Training

  ✓ Provide education and inquire about home safety

Goal One Title:		
Goal One Description:		
Barrier Description to Achieving Goal One:		

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			
4.			

Progress Notes and Updates:			
2. Barrier Description to Achieving Goal One:			
Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
	Due Date		Completed Bate
1.			
2.			
3.			
4.			
Progress Notes and Updates:			
3. Barrier Description to Achieving Goal One:			

Page 13 of 43

RRP-1036A FORFF (11/24)

RRP-1036A FORFF (11/24) Page 14 of 43

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress	Notes and	Updates:
----------	-----------	----------

Goal Two Title		

Goal Two Description:

1. Barrier Description to Achieving Goal Two:

RRP-1036A FORFF (11/24) Page 15 of 43

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress	Notes	and	Undates:
F 1001633	110163	anu	Upuaics.

2. Barrier Description to Achieving Goal Two:

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress Notes and Updates:		

Page 16 of 43

•	3. Barrier Description to Achieving Go	ai iwo
---	--	--------

RRP-1036A FORFF (11/24)

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress Notes and Updates:

RRP-1036A FORFF (11/24) Page 17 of 43

Plan for Other Services and Referrals:						
Services	A. Referral Interest: Yes/No	B. Reason	C. Service Begin Date	D. Referral Comments	E. Client's Initials	
Case Management						
Case Management - New Enrollee						
Outreach Services						
English Language Support						
Wellness Group Activities						
Healthcare Navigation and Support						
Health Education and Outreach						
Information and Referral						
Civic and Vocational Advancement						
Childcare Services						
Citizenship						
US Civics Instruction & English Language Civics Instruction						
Translation and Interpretation						
Parent Focused Assistance						
After-School Activities						
In-School Services						
Immigration Legal Assistance						

RRP-1036A FORFF (11/24) Page 18 of 43

## **Section Three: Employability Assessment** (Please use for all employable household members)

Use this form to assess and develop an employability plan and goals with the client(s), clearly indicating which action items are the responsibility of the client and provider. **Goal types:** Childcare, English Language Training, Employability Assessment, Enrollment Into and Tracking of External Services, Job Acquisition, On the Job Training, Outreach Services, Skills Recertification, Transportation, and Vocational Training

Employable Household Meml	ber (Attach addition	al sheets for multiple	e employable household me	mbers)
First Name:	_ Middle Name <i>(if ap<sub>i</sub></i>	plicable):	Last Name:	
Do you have a driver's license?	Yes No			
If not, do you have a State ID?	Yes No			
Do you have access to a vehicle?	Yes No			
<b>Educational History</b>				
Are you currently in school? Y	es No	If yes, what grade I	evel?	
Are you in any type of vocational t	training? Yes	No If yes, what	type?	
If you are not in school, what is yo	our highest grade leve	el?		
Where did you complete this level	of schooling?			
What are some additional skills or	hobbies you have le	arned or are interest	ed in?	
Do you have a professional licens	e or certification?	Yes No		
If 'Yes', what type of professional I	license or certification	n do you have?		
Where and what entity did you red	ceive it from?			
Do you have a college/university of	degree? Yes	No		
If 'Yes', what was your degree and	d what was your majo	r?		
College/University:				
Where was the college/university	located? (City and Co	ountry)		
What dates did you attend?				
Technology				
•	Temporary Agency Internet Search	Hiring Events Other	Friends/Word of Mouth	Flyers
If other, please explain:				
Have you applied for a job online?	Yes No			
•	•	, -		
If 'Yes', what was your degree and College/University:  Where was the college/university  What dates did you attend?  Technology  How do you search for a job?  If other, please explain:	Temporary Agency Internet Search  Yes No	country)  Hiring Events Other  dio) job interviews:		

RRP-1036A FORFF (11/24) Page 19 of 43

Employment (Current State)		
Do you have Employment Authorization Documents (EAD)?	Yes No	
If yes, EAD Number:		
If no, do you need assistance with employability paperwork?	Yes No	
Are you currently employed? Yes No		
If yes, current employer?		
Current position:	_ Current work schedule:	
Current hourly wage: Hours: Full-Tin	me Part-Time	
What were the dates of your most recent employment (MM/Y	<b>′YYY-MM/YYYY)</b> :	
What was your job title?		
What were your job duties?		
Do you have any other work experience? Yes No		
Employment History (Both US and International)		
1. Employer:		
Position:		
Address:		
Duties:		Retention Rate:
Accomplishments, Certification, Skills Acquired:		
2. Employer:		
Position:		
Address:		
Duties:		Retention Rate:
Accomplishments, Certification, Skills Acquired:		
3. Employer:		
Position:		
Address:		
Duties:		Retention Rate
Accomplishments, Certification, Skills Acquired:		
4. Employer:		
Position:		
Address:		
Duties:		Retention Rate:
Accomplishments, Certification, Skills Acquired:		

RRP-1036A FORFF (11/24) Page 20 of 43

5.	Employer:	
	Position:	
	Address:	
	Duties:	
	Accomplishments, Certification, Skills Acquired:	
6.	Employer:	
	Position:	
	Address:	
	Duties:	
	Accomplishments, Certification, Skills Acquired:	
7.	Employer:	
	Position:	
	Address:	
	Duties:	
	Accomplishments, Certification, Skills Acquired:	
8.	Employer:	
	Position:	
	Address:	
	Duties:	Retention Rate:
	Accomplishments, Certification, Skills Acquired:	
9.	Employer:	
	Position:	
	Address:	
	Duties:	Retention Rate:
	Accomplishments, Certification, Skills Acquired:	
10.	Employer:	
	Position:	
	Address:	
	Duties:	
	Accomplishments Certification Skills Acquired:	

RRP-1036A FORFF (11/24) Page 21 of 43

Employ	yment Considerations				
Do you h	ave any religious convicti	ons that may af	fect job entry? (	Check all that apply)	
None	No Fridays	No Saturdays		No Sundays	
Long	Head Covering	Short Head C	overing	No Pork Handling	No Beef Handling
Religi	ious Holiday Observance	S		Other	
Do you h	ave lifting restrictions?	Yes No			
If "Yes", v	what are the restrictions?				
Are you a	able to stand for an entire	8-hour shift?	Yes No		
Do you h	ave any health issues tha	t would affect y	our ability to wo	rk? Yes No	
Do you h	ave any mental health iss	ues that would	affect your abili	ty to work? Yes No	
What shi	fts are you able to work?	1 <sup>st</sup> Shift	2 <sup>nd</sup> Shift	3 <sup>rd</sup> Shift 4 <sup>th</sup> Shift	
If you sta	ted earlier in the assessn	nent that you ha	ve dependents,	are you using child care?	Yes No
If not, do	you need assistance with	acquiring child	I care? Yes	No	
Transpor	tation plan, if applicable:				
Training <sub>l</sub>	olan, if applicable:				
Child Ca	re plan, if applicable:				

RRP-1036A FORFF (11/24) Page 22 of 43

#### **Employment Plan**

Use this form to develop an Employability Plan with the client(s), clearly indicating which action items are the responsibility of the client and provider. **Goal types:** Childcare, English Language Training, Employability Assessment, Enrollment Into and Tracking of External Services, Job Acquisition, On the Job Training, Outreach Services, Skills Recertification, Transportation, and Vocational Training.

#### **Short-Term Goals**

Examples of Barriers to E	imployment:
---------------------------	-------------

- ✓ Access to Reliable Transportation
- ✓ Secure Childcare Services
- ✓ Improve English Proficiency
- ✓ Acquire Transferable Job Skills
- ✓ Acquire Entry-Level Employment
- ✓ Provide Orientation to Workforce Customs and Norms
- ✓ Address / Health Needs That Affect Employment (provide copies of medical records if applicable)
- ✓ Assistance with Work Authorization
- ✓ Access to Immigration Services, e.g., assistance with acquiring employment authorization

What types of work are you interested in doing?				
Job objective / positions:				
Goal One Title:				
Goal One Title				

1. Barrier Description to Achieving Goal One:

RRP-1036A FORFF (11/24) Page 23 of 43

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

ı	Progress	Notes	and	Indates.
ı	Progress	notes	anu	opuales.

2. Barrier Description to Achieving Goal One:

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

RRP-1036A FORFF (11/24)			Page 24 of 43
Progress Notes and Updates:			
Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress Notes and Updates:

Goal Two Title:			
Goal Two Description:			
Barrier Description to Achieving Goal Two:			
	ı		
Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
2.			
3.			
4.			
Progress Notes and Updates:		<u> </u>	

Page 25 of 43

RRP-1036A FORFF (11/24)

RRP-1036A FORFF (11/24)	Page 26 of 43

2	<b>Rarrier</b>	Description	to	Achieving	Goal	Two
۷.	Darrier	Description	w	ACHIEVING	Guai	IVVO

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress Notes and Updates:

3. Barrier Description to Achieving Goal Two:

RRP-1036A FORFF (11/24) Page 27 of 43

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress Notes and Updates:

RRP-1036A FORFF (11/24) Page 28 of 43

#### **Long-Term Goals**

Examples of Barriers to Employment:

- ✓ Access to Reliable Transportation
- ✓ Secure Childcare Services
  ✓ Improve English Proficiency

- ✓ Acquire Transferable Job Skills
   ✓ Acquire Entry-Level Employment
   ✓ Provide Orientation to Workforce Customs and Norms
- ✓ Address / Health Needs That Affect Employment (provide copies of medical records if applicable)✓ Assistance with Work Authorization
- ✓ Access to Immigration Services, e.g., assistance with acquiring employment authorization

Go	al One Title:
	al One Description:
1.	Barrier Description to Achieving Goal One:

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Barrier Description to Achieving Goal One:			
2. Barrier Bescription to Admicking Goal One.			
Actions Taken to Overcome Barrier	Action	Updates on Action	Action
(Each action should state who will do what, and when)	Due Date		Completed Date
1.			3334
1.			
1.       2.			
2.			
2.			
2.			
2.       3.			
<ul><li>2.</li><li>3.</li><li>4.</li></ul>			
2.       3.			
<ul><li>2.</li><li>3.</li><li>4.</li></ul>			

Page 29 of 43

RRP-1036A FORFF (11/24)

RRP-1036A FORFF (11/24) Page 30 of 43

2	Parriar	Description	to Achievi	na Cool	Ono:
J.	Darrier	Describition	to Achievi	nu Goar	OHE.

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress Notes and Updates:

Goal Two Title:

Goal Two Description:

RRP-1036A FORFF (11/24)	Page 31 of 43

1	Barrier	Description	to	Achieving	Goal	Two:
	Darrior		w	ACHICVING	OGGI	IVV C.

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress Notes and Updates:

2. Barrier Description to Achieving Goal Two:

RRP-1036A FORFF (11/24) Page 32 of 43

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

Progress	Notes	and l	Jpdates:
----------	-------	-------	----------

3. Barrier Description to Achieving Goal Two:

Actions Taken to Overcome Barrier (Each action should state who will do what, and when)	Action Due Date	Updates on Action	Action Completed Date
1.			
2.			
3.			
4.			

RRP-1036A FORFF (11/24) Page 33 of 43

Progress Notes and Updates:

Services	A. Referral	B. Reason	C. Service	D. Referral Comments	E. Client's
	Interest		Begin Date		Initial
Employability	Yes				
Assessment	No				
Pre-Employment	Yes				
	No				
Job Development	Yes				
	No				
Employment Follow-Up	Yes				
	No				
Employment	Yes				
Transportation	No				
Initial Employment	Yes				
	No				
Current Job Placement	Yes				
	No				
ELT-Advanced	Yes				
	No				
ELT-Intermediate	Yes				
	No				
ELT-Beginner	Yes				
	No				
English Language	Yes				
Training	No				
ELT (Referral)	Yes				
	No				

RRP-1036A FORFF (11/24) Page 34 of 43

Services	A. Referral Interest	B. Reason	C. Service Begin Date	D. Referral Comments	E. Client's Initial
Vocation Skills Training Completion	Yes No				
Diver's Training	Yes No				
Skills Recertification	Yes No				
Day Care/Child Care	Yes No				
Employment Authorization Assistance	Yes No				
On-the-Job Training	Yes No				

Potential Employment Opportunities					
Employer	Position	Interview Date	Job Start Date	Rate of Pay	Schedule

RRP-1036A FORFF (11/24) Page 35 of 43

#### **Attestation**

I certify that I have explained all case management services provided under this program, and all information provided to me by the client has been recorded accurately. I worked with the client(s) to jointly develop self-sufficiency goals according to the form provided in this document. Furthermore, I have discussed with the client their rights under this program and provided contact information.

Agency Staff Name:	
Agency Staff Signature:	Date:
I certify that all case management services provided under the that I am eligible to use any service provided under this control form. The case management service provider has provided recontact the case management service provider should I have	ract, regardless of the services of interest I indicated on this ne with contact information or a way for me to reach out and
Client Name:	
Client Signature:	Date:
Interpreter Name:	
Interpreter Signature:	Date:

RRP-1036A FORFF (11/24) Page 36 of 43

Progress Follow-	Up: Week One			
Meeting Date:	Meeting	Гіте:		
Method of Contact:	Face-to-Face	Phone	Email	Other:
If face-to-face meeting	յ, location of the m	eeting. Plea	se enter N/A	if the method of contact is not face-to-face:
Key Areas of Discussion	on:			
Progress:				
Future Action:				
i didie Adilon.				

RRP-1036A FORFF (11/24) Page 37 of 43

Progress Follow-	·Up: Week Two				
Meeting Date:	Meeting	Time:			
Method of Contact:	Face-to-Face	Phone	Email	Other:	
lf face-to-face meetinຸ	g, location of the m	eeting. Plea	se enter N/A	A if the method of contact is not face-to-face:	
Key Areas of Discussi	on:				
Progress:					
Future Action:					

RRP-1036A FORFF (11/24) Page 38 of 43

Progress Follow-	Up: Month One				
Meeting Date:	Meeting	Time:			
Method of Contact:	Face-to-Face	Phone	Email	Other:	
If face-to-face meeting	g, location of the m	eeting. Plea	se enter N/A	A if the method of contact is not face-to-face	:
Key Areas of Discussion	on:				
Progress:					
Future Action:					

RRP-1036A FORFF (11/24) Page 39 of 43

Progress Follow-	Up: Month Two				
Meeting Date:	Meeting <sup>-</sup>	Гіте:			
Method of Contact:	Face-to-Face	Phone	Email	Other:	
If face-to-face meeting	g, location of the m	eeting. Plea	se enter N/A	A if the method of contact is not face-to-face:	
Key Areas of Discussion	on:				
Progress:					
Future Action:					

RRP-1036A FORFF (11/24) Page 40 of 43

Dan ann an Eallann	Line Manath Thur				
Progress Follow-	-Up: Month Thre	ee			
Meeting Date:	Meeting	Time:			
Method of Contact:	Face-to-Face	Phone	Email	Other:	
If face-to-face meeting	g, location of the m	eeting. Plea	se enter N/A	A if the method of contact is not face-to-face:	
Key Areas of Discussi	ion:				
Ney Aleas of Discussi	on.				
Progress:					
riogiess.					
Future Action:					
i didio / totion.					

RRP-1036A FORFF (11/24) Page 41 of 43

Progress Follow-	Up: Month Six			
Meeting Date:	Meeting <sup>-</sup>	Гіте:		
Method of Contact:	Face-to-Face	Phone	Email	Other:
If face-to-face meeting	, location of the m	eeting. Plea	se enter N/A	if the method of contact is not face-to-face:
Key Areas of Discussion	on:			
Progress:				
Future Action:				

RRP-1036A FORFF (11/24) Page 42 of 43

Progress Follow-	Up: Year One			
Meeting Date:	Meeting <sup>-</sup>	Time:		
Method of Contact:	Face-to-Face	Phone	Email	Other:
If face-to-face meeting	, location of the m	eeting. Plea	se enter N/A	A if the method of contact is not face-to-face:
Key Areas of Discussion	on:			
Progress:				
ŭ				
Future Action:				

RRP-1036A FORFF (11/24) Page 43 of 43

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services 7-1-1 • Disponible en español en línea o en la oficina local