

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

**NORTH CAROLINA STATE REFUGEE OFFICE
VOCATIONAL SKILLS TRAINING AND SKILLS RECERTIFICATION PLAN (DSS-6228)**

SKILLS TRAINING ASSESSMENT

- 1. Name _____
- 2. Alien Number _____
- 3. Phone: Home _____ Cell: _____
- 4. SSN: _____
- 5. Address: _____

- 6. Date of Arrival: _____
- 7. Immigration Status: _____
- 8. E-Mail Address: _____
- 9. Eligibility Document Attached: YES NO
- 10. Employment Authorization Document: NO YES
- 11. EAD Number: _____
- 12. Ethnicity/Country of Origin: _____
- 13. Date of Birth: _____
- 14. Date Enrolled: _____
- 15. Gender: M F
- 16. Occupation: _____
- 17. Married Single Single Parent
- 18. First Language(s): _____ English Ability: Very Well Well Not Well Not At All N/A
- 19. Transportation Needed: YES NO Transportation Plan (if applicable): _____
- 20. Child Care Needed: YES NO Child Care Plan (if applicable): _____

Education:

- 21. Years of Education: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 +
- 22. English Education: _____
- 23. Degree(s) Obtained/Granting Institution/Date(s): _____
- 24. Special Skills: _____
- 25. Additional Classes/Training in US/Date(s) _____

Employment:

- 26. Prior Work Experience in Home Country: _____
- 27. Prior Work Experience in US: _____

A	B	C	D	E
Dates	Employer	Position Title	Reason for Leaving	Rate of Pay

- 28. Currently Employed: NO YES
- 29. Date Started: _____
- 30. Current Employer: _____
- 31. Position: _____
- 32. Full Time Part Time
- 33. Rate of Pay _____
- 34. Hours per Week/ Schedule: _____

VOCATIONAL GOAL(S):

35 A. Objectives: 1. _____ 2. _____ 3. _____

35 B. Limitations: 1. _____ 2. _____ 3. _____

36. Wage Range: _____ per _____ 37. Hours Preferred: _____ F/T P/T

38. ELT Assessment Results/Date: Test/Score: _____ Date: _____

NA: Explain _____

39. Training Plan: _____

SKILLS RECERTIFICATION ASSESSMENT:

40. Educational Documents Available: YES NO Accessible: YES NO

41. Translation Required: YES NO 42. Evaluation Required: YES NO

SKILLS RECERTIFICATION GOAL:

43. Recertification Objective: _____

44. Recertification Plan: _____

SELF-SUFFICIENCY PLAN:

45. Family Self-Sufficiency Plan: Completed Updated Date: _____

46. VOCATIONAL SERVICE PLAN:

		A	B*	C	D	E
CODE	SERVICE	Yes/ No	Reason	Service Begin Date	Referral Comments	Client's Initials
915	Employability Assessment					
920	Pre-Employment					
923	Employment Transportation					
930	English Language Training					
932	VST Completion					
935	Vocational Skills Training and Vocational Education					
936	Automobile Driver's Training					
940	Skills Recertification					
945	Day Care/ Child Care					
955	Information and Referral					
958	Civic and Social Engagement					
959	Educational & Vocational Advancement					
965	Translation and Interpretation					
970	On-the-Job Training					

Additional Comments: _____

SIGNATURES:

47. I, _____, agree with my Vocational Skills Training/Skills Recertification Plan as explained to me by the refugee service provider staff and/or the interpreter. If I have any questions or need additional information, I may contact staff at the number listed below.

48. Client Signature: _____ 49. Date: _____

50. Staff Name: _____ 51. Phone Number: _____

52. Staff Signature: _____ 53. Date: _____

54. Interpreter Name: _____

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

55. Interpreter Signature: _____ 56. Date: _____

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

***Pre-Instructions for 46B**

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
North Carolina State Refugee Office
Vocational Skills Training and Skills Recertification Plan**

Purpose: The purpose of the Vocational Skills Training (VST) and Skills Recertification (SR) Plan is to provide a tool by which refugee program staff and client, together, assess and evaluate the skills, abilities, and interests of the client to determine potential employment opportunities and appropriate placement in a skills training program or recertification plan. The form is to be completed by the refugee service provider's staff member(s) responsible for vocational skills training and coordination. The Plan is to be included in the client file **along with the Vocational Skills Training and Skills Recertification Agreement (DSS-6229), Family Self-Sufficiency Plan (DSS-6230 pt. A and B), the Informed Consent for Release of Information (DSS-6236) and Client Rights Form (DSS-6237)**. A Vocational Skills Training Plan MUST be created for each client receiving skills training and skills recertification.

- 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.

SKILLS TRAINING ASSESSMENT:

Personal:

- 1. Name: Print the name of the individual client for whom the VST/SR Plan is being created.
- 2. Alien Number: Enter the Alien Number of the client.
- 3. Phone: 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, Iraqi or Afghan-SIV).

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, 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 support services and 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 block to indicate eligibility documentation was verified and a copy secured at the time the VST/SR Plan is created.

NOTE: Services can not begin until the client has submitted appropriate documentation to verify eligibility for Refugee Program services.
- 10. EAD Document: Check the block when the Employment Authorization Document (EAD) is used for documentation of eligibility.
- 11. EAD Number: Enter the EAD number of the client when used for verification of eligibility and attach copy.
- 12. Ethnicity/CoO: Enter the ethnicity, including country of origin (CoO), of the individual client for whom the VST/SR Plan is being created.

13. Date of Birth: Enter the date of birth for the individual client for whom the VST/SR Plan is being created.
14. Date Enrolled: Enter the date the client enrolled in the agency's vocational skills training or skills recertification program.
15. Gender: Check the appropriate block to indicate the gender of the client.
16. Occupation: Enter the occupation of the client prior or subsequent to arrival in the US.
17. Marital Status: Check the appropriate block to indicate if the client is married, single, or a single parent.
18. a. First Language(s): Enter the first (native) language of the client which s/he spoke in his/her country of origin.
b. English Ability: Select the ability level of English of the client.
19. Transportation Needed: Check the appropriate block to indicate whether the client has transportation access. If not, please give a brief summary of the plan for transportation for the client.
20. Child Care Needed: Check the appropriate block to indicate whether the client has sufficient childcare. If not, please give a brief summary of the plan for childcare for the client.

Education:

21. Years of Education: Circle the number indicating the number of years of formal education the client has completed.
22. English Education: Enter any pertinent information regarding the client's English Language training prior to arrival in the US.
23. Degree(s) Obtained & Granting Institution: Enter any degrees, training certificates and dates (month/year) received, along with name of educational institution(s) granting them. Maintain copies for the client's case file.
24. Special Skills: Enter any special skills (indicate certified or non-certified with dates), proficiency, or expertise the client has acquired prior to or subsequent to arrival in the U.S.
25. Additional Classes/ Training in U.S.: Enter all classes and/or training with dates in the United States.

Employment:

26. Prior Work Experience in Home Country: Enter pertinent information regarding the client's employment experiences prior to arrival in the U.S. Include position title, industry, and/or any specific skills gained in the employment experience(s), and any information not previously documented in the VST Plan which may assist in implementing an appropriate skills training program.
27. 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. Use additional space as needed.
28. Currently Employed: Check the appropriate block to indicate client's status of employment.
29. Date Started: Enter the date client started current employment or, if the answer is "NO", the date terminated last employment.
30. Current Employer: Enter name of employer.
31. Position: Enter position title held with the employer.
32. Full Time/Part Time: Check the appropriate block for full time or part time employment.
33. Rate of Pay: Enter the hourly, weekly or monthly wage rate of pay client receives.
34. Hours per Week/ Schedule: Enter the number of hours client works per week and/or the client's schedule (which days per week and which hours per day).

Vocational Goals:

35. A. Objectives: List client's goals and/or aspirations for a vocation or occupation. Staff should list one or more specific objectives the client has which relate to vocation or employment.
- B. Limitations: List one or more limitations the client has which relate to vocation or employment (examples could include language, childcare, etc). The staff will assist the client in identifying ways to overcome the limitations identified.
36. Wage Range: Enter the amount per hour the client indicates as compensation for his/her job objective.
37. Hours Preferred: Enter the specific hours the client prefers to work (ex: "daytime only" or "midnight – 8:00 a.m.") and select if the client is seeking full time or part time work.
38. ELT Assessment Results/Date: Enter the name and score of the ELT assessment used. Enter date of assessment. If an assessment is not required, please explain.
39. Training Plan: Enter any pertinent information regarding additional English Language Training, skills training, or job readiness training considered necessary by the staff for successful job placement and pathway to vocational goal(s). Add lines as needed.

SKILLS RECERTIFICATION ASSESSMENT:

40. Educational Documents: Check the appropriate block for availability and accessibility of educational documents (i.e. diplomas, certificates, etc.). Staff may need to assist client with a plan to secure documents.
41. Translation Required: Check the appropriate block for document translation and assist client accordingly.
42. Evaluation Required: Check the appropriated block for document evaluation and assist client accordingly.

SKILLS RECERTIFICATION GOAL:

43. Recertification Objective: Enter the client's skills recertification objective if applicable.
44. Recertification Plan: Enter any pertinent information regarding steps toward successful recertification.

SELF-SUFFICIENCY PLAN:

45. Family Self-Sufficiency Plan: Check the appropriate block and enter date when the Family Self-Sufficiency Plan (DSS-6230) is completed or updated.

46. VOCATIONAL 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.

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

SIGNATURES:

47. Print the name of the client in the blank space provided which indicates the client understands the Vocational Skills Training /Recertification Plan.
48. Client Signature: Ensure the client signs the Vocational Skills Training /Skills Recertification Plan after it has been explained and interpreted, as needed.
49. Date: Enter the date when the client signs the Vocational Skills Training /Skills Recertification Plan.
50. Staff Name: Print the name of the staff who has assisted the client in creating the Vocational Skills Training /Skills Recertification Plan.

51. Phone Number: Enter the telephone number where the staff member can be reached during normal working hours.
52. Staff Signature: Ensure the staff member who completes the Vocational Skills Training /Skills Recertification Plan signs the Plan.
53. Date: Enter the date when the staff member signs the Vocational Skills Training /Skills Recertification Plan.
54. Interpreter Name: Print the name of the interpreter or staff member who interpreted for the client in developing the Plan. If no interpreter was necessary, please write N/A.
55. Interpreter Signature: Ensure the interpreter signs the Plan after it has been explained and interpreted.
56. Date: Ensure the interpreter dates the Plan after it has been explained and interpreted.

Note: Provider staff member completing the Vocational Skills Training/Skills Recertification Plan should ensure the client receives a signed copy of the form upon completion.