

**NORTH CAROLINA STATE REFUGEE OFFICE
ENGLISH LANGUAGE TRAINING PLAN (DSS-6233)**

SERVICE ASSESSMENT:

1. Name _____
2. Eligibility Document Attached: YES NO 3. Gender: M F 4. Alien Number: _____
5. Date of Arrival: _____ 6. Date of Birth: _____ 7. Immigration Status: _____
8. Address: _____ 9. Phone: _____
- _____ 10. E-Mail Address: _____
11. Country of Origin: _____ 12. Primary Language: _____ 13. Other Language(s): _____
14. Transportation Needed: YES NO 15. Current Transportation Arrangements, if any: _____
16. Education/Work History: _____
17. Work Schedule: _____ 18. Childcare: _____

PLAN FOR SERVICES:

		A	B*	C	D	E
CODE	SERVICE	Yes/No	Reason	Service Begin Date	Referral Comments	Client's Initials
923	Transportation					
927	ELT-Advanced					
928	ELT-Beginner					
929	ELT-Intermediate					
930	English Language Training					
931	ELT (ELT Referral)					
955	Information and Referral					
961	US Civics Instruction & English Language Civics Instruction					
965	Translation and Interpretation					

Describe client's ELT goal(s) and the steps to be taken to attain that goal. Include English proficiency and any previous training.

I, _____, agree with the ELT plan as explained to me. If I have any questions or need additional information, I may contact the ELT Staff Member at the number listed below.

Client Signature: _____ Date: _____

Interpreter Signature: _____ Date: _____

Name of ELT Agency Staff: _____ Phone Number: _____

Email Address: _____ Date: _____

Are you substituting an approved NC Department of Community Colleges ESL assessment, such as CASAS or BEST?

YES Please write date of test and score here **or** attach the completed assessment to this form to include in the file.

Date of Test: _____ Score: _____

NO Please continue with DSS-6234 ELT Initial Assessment Form and include in file.

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

Instructions for Completing the NC State Refugee Office
English Language Training Service Plan (DSS-6233)

Purpose: The purpose of the ELT Service Plan is to provide a tool by which the agency staff and client, together, assess and evaluate the skills, abilities and interests of the client to determine which ELT services are appropriate to offer. 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 **DSS-6234 ELT Initial Assessment Form** should also be included, if applicable. An ELT Plan **MUST** be created for **each** client receiving direct ELT services.

SERVICE ASSESSMENT:

1. Name: Print the name of the individual client for whom the ELT Service Plan is being created.
2. Eligibility Document: Check the appropriate block to indicate whether eligibility documentation was secured at the time the ELT 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/ include a current copy of an eligibility document to the service plan the day the form is completed.**
3. Gender: Select the appropriate block to indicate the client's gender.
4. Alien Number: Enter the Alien Number of the client.
5. 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.
6. Date of Birth: Enter the client's date of birth.
7. Immigration Status: Enter the **current** status of the client (Refugee, Asylee, Parolee, Cuban / Haitian Entrant, Amerasian, Lawful Permanent Resident, Victim of Trafficking, SIVs, etc).
8. Address: Enter the home address, including city, state and ZIP code, for the client.
9. Phone: Include home phone number and/or cell phone number for for the client.
10. Email: Enter the client's email address, if applicable.
11. Country of Origin: Enter the client's country of origin.
12. First Language: Enter the first (native) language of the client which s/he spoke in his/her country of origin.
13. Other Language: Enter any other languages the client is able to read, write, or speak.
14. 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.
15. Transportation Arrangements: Enter pertinent information regarding the client's current arrangements for transportation.
16. Education/Work History: Include any relevant information regarding the client's education or work history.
17. Work Schedule: Enter any information regarding the client's current work schedule, if applicable.
18. Childcare: Enter pertinent information regarding the client's plan surrounding childcare, if applicable.

PLAN FOR SERVICES:

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.

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

SIGNATURES:

Print the name of the client in the blank space provided which indicates the client's understanding of the ELT Service Plan.

Client Signature: Ensure the client signs the Service Plan after it has been explained and interpreted.

Date: Enter the date when the client signs the Service Plan.

Interpreter Name: Print the name of the interpreter or staff member who interpreted for the client in developing the ELT Service Plan. If no interpreter was necessary, please write N/A.

Interpreter Signature: Ensure the interpreter signs the Service Plan after it has been explained and interpreted.

Date: Enter the date when the interpreter signs the Service Plan.

Agency Staff: Print the name of the staff member who filled out the form with the client.

Phone Number: Enter the telephone number where the staff member can be reached during normal working hours.

Email Address: Enter the email address of the staff member.

Date: Enter the date when the staff member signs the ELT Service Plan.

SUBSTITUTION?

Check the appropriate box if you are substituting an acceptable assessment, such as CASAS or BEST, in lieu of the DSS-6234 ELT Initial Learner Assessment Form. Include the assessment results in the space provided and attach and include in the client's file. If you are not providing the substitution, please proceed to the Assessment.