

Date Case Closed: \_\_\_\_\_ Date Case Re-Opened \_\_\_\_\_

**NORTH CAROLINA STATE REFUGEE OFFICE  
CASE REVIEW FORM (DSS-6235)**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Employment Update:** Working? \_\_\_\_\_ Where? \_\_\_\_\_

If unemployed, why? \_\_\_\_\_

Insurance and other benefits: \_\_\_\_\_ Desire for job change/upgrading? \_\_\_\_\_

Any challenges? \_\_\_\_\_

Plan to overcome challenges: \_\_\_\_\_

**At Twelve Months Only:** FSSP Goals Met?

Yes, Goal(s) Met     No, but client is Progressing     No, additional referral(s) made

**Education Update:** Current English Ability:    Very Well  Well  Not Well  Not at All

Presently enrolled in class/school? \_\_\_\_\_ What Level? \_\_\_\_\_

What days of the week? S  M  T  W  T  F  S

Any challenges? \_\_\_\_\_

Plan to overcome challenges: \_\_\_\_\_

**Transportation:**

Current Transportation    Bus     Carpool     Sponsors     Own Car     Other

Any challenges? \_\_\_\_\_

Plan to overcome challenges: \_\_\_\_\_

**Summary of Case Progress:** (e.g., successes, continued obstacles, current needs, changes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Services to Continue?            Yes             No

Reason why: \_\_\_\_\_

Completed by: \_\_\_\_\_

**Instructions for NC STATE REFUGEE OFFICE**  
***CASE REVIEW FORM (DSS-6235)***

The purpose of this form is to provide a tool for the local affiliate or refugee service provider to evaluate the progress and current situation of the client receiving services under a Refugee Program. The form should be completed approximately 90 days and 180 days after the client is enrolled into services in the program, and every 6 months (180 days) thereafter, as long as the client is **actively receiving services** under a Refugee Program. To be actively receiving services means that a client has received documented services within the past 90 days. The local affiliate or refugee service provider's case manager, employment counselor, ELT or other agency staff assigned to the client should complete the form.

Date Case Closed: If after evaluating the client's case using this form, the case is being closed, enter the date of closure. If the client's case is being reopened, enter the date the case was last closed.

Date Case Re-opened: If the client had previously stopped receiving services under the Refugee Program and is now requesting that services be reinstated, enter the date the client's case was re-opened.

Client Name: Enter the name of the client for whom the Case Review Form is being completed.

Date: Enter the date the Case Review Form is being completed.

**IF PROVIDING EMPLOYMENT SERVICES OR VOCATIONAL SUPPORT, COMPLETE THIS SECTION:**

Working? Indicate if the client is currently employed.

Where? Enter the name and location of the client's current employer.

If unemployed, why? If the client is currently not employed, indicate why s/he is not working. Indicate if the client is not considered "employable" under the Refugee Program.

Insurance and Other Benefits: Indicate if the client currently has health insurance, and what other benefits, if any, the client is currently receiving.

Desire for job change/  
Upgrading Explore with the client whether s/he is interested in changing or upgrading his/her employment situation.

Any challenges? Explore with the client any problems the client may be having in his or her employment or vocational situation, as well as any family problems that may be impacting the client's progress toward economic self-sufficiency.

Plan to overcome Challenges: Indicate the plan which the case manager and/or the client has devised to overcome the employment or vocational problems being encountered.

**AT TWELVE MONTHS ONLY:** **Provide information on if the client has met their FSSP Goal(s) as identified in the DSS-6230 Part A by selecting the appropriate box. Enter the corresponding information into the RIS Database for the client.**

**IF PROVIDING EDUCATION OR ELT SUPPORT, COMPLETE THIS SECTION:**

Current English Level: Check the appropriate block to indicate the current English proficiency of the client.

Presently enrolled Indicate whether the client is currently enrolled in school or in an ELT

in class/school?	class and where the class is currently being held.
What level?	Enter most recent ELT or grade level of the student (ex. Level 2 or 11 <sup>th</sup> grade).
What days of the week?	Check the appropriate block(s) to indicate the current class schedule in which the client is enrolled.
Any challenges?	Indicate whether the client is having any difficulties in their education or ELT.
Plan to overcome Challenges:	Indicate the plan which the case manager and/or the client has devised to overcome the education or ELT problems being encountered.

**IF PROVIDING TRANSPORTATION SUPPORT, COMPLETE THIS SECTION:**

Current Transportation:	Check the appropriate block to indicate the mode of transportation the client currently utilizes.
Any Challenges?	Indicate any problems which the client is currently experiencing in regard to transportation.
Plan to overcome Challenges:	Indicate the plan which the case manager and/or the client has devised to overcome the transportation problems being encountered.

**TO BE COMPLETED BY ALL PROGRAMS/AGENCIES:**

Summary of Case Progress:	Specify any significant findings regarding the client's current situation and any changes which have occurred in the client's situation as they relate to the client's service plan or since the last Case Review; any needs the client is currently experiencing, such as continued obstacles to employment, ELT proficiency, economic self-sufficiency, or well-being may be noted. Include any necessary or anticipated referrals for additional services, including specific information about why the referral is needed, to whom the client is being referred, and the plans for addressing the issue.
Services to Continue?	Check the appropriate block to indicate whether Refugee Program services should continue.
Reason Why:	Indicate why the client continues to need Refugee Program services, or why you feel Refugee Program services are no longer needed by the client. Reasons could include: Within Service Period; Ongoing Needs; Client is Self-Sufficient; Client has no current needs; Client has moved/out-migrated.
Completed by:	The case manager, employment counselor, or other agency staff member completing the Case Review Form should enter his/her name and sign the form.