

**NORTH CAROLINA STATE REFUGEE OFFICE
MUTUAL RESPONSIBILITY AGREEMENT
PLAN OF ACTION REQUIREMENTS**

Client's Name: _____ Alien Number: _____

North Carolina's Refugee Employment Services Programs are based on the philosophy that all people have the responsibility to their families and community to work and provide for their families. The family and (agency) employment services staff develops this Mutual Responsibility Plan of Action if a client fails to follow their Mutual Responsibility Agreement. It outlines the steps to be taken for the client to remain in compliance with their Employability Plan.

Employment Goal: _____

Other Goals: _____

Plan of Action: (Describe client and agency responsibility)

C/A	ACTIVITY / SERVICE	EXPECTATIONS	TARGET DATE	DATE COMPLETED

Comments: _____

Our signatures indicate that we have jointly developed this Plan of Action and agree to the responsibilities and conditions outlined.

Client Signature	Date
Agency Employment Staff	Date
Interpreter's Signature	Date

OR Translation Attached

**INSTRUCTIONS FOR COMPLETING
NORTH CAROLINA STATE REFUGEE OFFICE
MUTUAL RESPONSIBILITY AGREEMENT
PLAN OF ACTION**

PURPOSE:

The purpose of this form is to provide a tool to clearly outline expectations for both the responsibilities of the client entering into an employability plan with the agency, as well as the agency's responsibilities to the client, **if the client has failed to follow the guidelines set forth in the Mutual Responsibility Agreement**. As outlined in the Mutual Responsibility Agreement, before services with the client resume, the form should be completed alongside the client by the refugee agency staff person responsible for coordination of employment services. Once completed, the Mutual Responsibility Agreement Plan of Action is to be included in the client file along with the **Employability Plan (DSS-6232)** and the **Refugee Mutual Responsibility Agreement (DSS-6239A)**.

INSTRUCTIONS:

- Client's Name: Print the name of the individual client for whom the Plan of Action is being created.
- Alien Number: Enter the Alien Number of the client.
- Employment Goal: Briefly state client's aspirations for employment in a specific vocation or occupation.
- Other Goals: Enter any other goals client chooses to pursue requiring training and/or recertification that places him/her on pathway to productive employment.
- Plan of Action: Complete chart below outlining specifics steps required of client and agency to achieve objectives of the vocational skills training or skills recertification goal.
- C/A: Enter "C" if activity/service is the client's responsibility.
Enter "A" if the activity is the agency's responsibility.
- Activity/Service: Enter the specific activity or service to be performed.
- Expectations: Enter the desired outcome of the activity or service performed.
- Target Date: Enter the date the activity or service is to be completed.
- Date Completed: Enter the date activity or service is actually completed.
- Comments: Enter comments regarding the process and any edits or revisions required.
- Client Signature: Ensure the client signs the Plan of Action after it has been explained and interpreted, as needed.
- Date: Enter the date when the client signs the Plan of Action.
- Staff Signature: Ensure the staff who completes the Plan signs the Agreement.
- Date: Enter the date when the staff signs the Plan of Action.
- Interpreter: Ensure the Interpreter signs the Plan after it has been explained and interpreted (if applicable). If no interpreter was necessary, please write N/A.
- Date: Enter the date when the Interpreter signs the Plan of Action.

Note: Provider staff completing the Refugee Mutual Responsibility Agreement Plan of Action Requirements should ensure the client receives a signed copy of the form upon completion.