

- a) Provider _____
- b) Assigned Staff Member _____
- c) Principal Applicant _____
- d) Date of Plan _____

**NORTH CAROLINA STATE REFUGEE OFFICE
LEGAL SERVICE PLAN (DSS-6250)**

LEGAL SERVICE ASSESSMENT:

Name _____ Alien Number _____

Phone: Home _____ Cell: _____ SSN: _____

Address: _____ Date of Arrival: _____

_____ Immigration Status: _____

E-Mail Address: _____ Eligibility Document Attached: YES NO

Ethnicity/Country of Origin: _____ Date of Birth: _____

Date Enrolled: _____ Gender: M F Married Single Single Parent

Current Benefits: RCA RMA Medicaid Food Stamps SSDI SSI MG Other None

Language:

First Language(s): _____ English Ability: Very Well Well Not Well Not At All N/A

Transportation:

Transportation Needed: YES NO Current Transportation Arrangements, if any: _____

Family Members: Case Information Sheet (such as DSS-6230 pt. A) attached: YES NO

If not, list Name/Gender/DOB of any Relevant Family Members: (1) _____

(2) _____ (3) _____

(4) _____ (5) _____

(6) _____ (7) _____

SERVICES NEEDED:

		A	B*	C	D	E
CODE	SERVICE	Yes/ No	Reason	Service Begin Date	Referral Comments	Client's Initials
910	Outreach Services					
923	Transportation					
955	Information and Referral					
960	Citizenship					
961	US Civics Instruction & English Language Civics Instruction					
962	Employment Authorization Assistance					
965	Translation and Interpretation					
983	ASA Immigration Legal Assistance					
984	AUSAA Immigration Legal Assistance					

Additional Comments: _____

SIGNATURES:

I, _____, agree with the legal service plan as explained to me by the agency staff and the interpreter. If I have any questions or need additional information, I may contact the designated agency staff at the number listed below.

Client Signature: _____

Date: _____

Agency Staff Name: _____

Phone Number: _____

Agency Staff Signature: _____

Date: _____

Interpreter Name: _____

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

Interpreter Signature: _____

Date: _____

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

***Pre-Instructions**

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
NC State Refugee Office Legal Service Plan (DSS-6250)**

Purpose: The purpose of the Legal Service Plan is to provide a tool with which the agency staff and client, together, assess and evaluate the client's needs and current situation regarding what is outlined in the form. The form is to be completed by the local affiliate or refugee service provider's staff member responsible for refugee legal services. 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. **Provider:** Enter the name of the agency responsible for the Service Plan for the client.
- b. **Assigned Staff Member:** Enter the name of the staff assigned to the client for whom the Legal Service 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 Legal Service Plan is being created.

LEGAL SERVICE ASSESSMENT:

- Name:** Print the name of the individual client for whom the Legal Service Plan is being created.
- Phone:** Include home phone number, cell phone number (if applicable) and/or other phone contact numbers for the client.
- Alien Number:** Enter the Alien Number of the client.
- Address:** Enter the home address, including city, state, and ZIP code for the client.
- 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.
- SSN:** Enter the Social Security Number of the client.
- Employment Authorization Document:** Check the appropriate block to indicate whether the client has a current Employment Authorization Document.
- EAD Number:** Enter the number of the client's Employment Authorization Document, if applicable.
- E-Mail Address:** Enter the e-mail address for the client, if applicable.
- Eligibility Document:** Check the appropriate block to indicate whether eligibility documentation was secured at the time the Legal 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.**
- Immigration Status:** Enter the **current** status of the client (Refugee, Asylee, Parolee, Cuban / Haitian Entrant, Amerasian, Lawful Permanent Resident, Victim of Trafficking, SIVs, Citizen).
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, the case manager should 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 Program Services, and the case is closed.
- Ethnicity:** Enter the ethnicity, including country of origin, of the individual client for whom the Service Plan is being created. **(ex. (a) would be Montagnard, and (b) would be Vietnam).**
- Date of Birth:** Enter the date of birth for the individual client for whom the Service Plan is being created.
- Marital Status:** Check the appropriate block to indicate if the client is married, single, or a single parent.

Gender: Check the appropriate block to indicate the gender of the client.

Current Benefits: Check the appropriate block(s) to indicate any public benefits the client is currently receiving.

Transportation:

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.

Transportation Arrangements: If “Yes,” enter pertinent information regarding the client’s current arrangements for transportation.

Dependents:

Case Information Sheet Attached? Attach or include in the client file a case information sheet that details name, gender, and birth dates of family members for whom the client has responsibilities which should be considered or included in his/her legal service plan (such as DSS-6230 pt. A) and note that it is included with the client’s file by selecting “YES” in this section. If no case information sheet is attached, please include this information in the lines provided. If the space provided is not sufficient, attach additional pages as needed.

Language:

First Language: Enter the first (native) language of the client which s/he spoke in his/her country of origin.

English Ability: Check the appropriate block to indicate the current English proficiency level of the client.

SERVICES NEEDED:

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:

Print the name of the client in the blank space provided which indicates the client’s understanding of the Legal 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.

Agency Staff: Print the name of the staff member who will be providing Refugee Social Services to the client.

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

Staff Signature: Ensure the staff member signs who completes the Legal Service Plan.

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

Interpreter Name: Print the name of the interpreter or staff member who interpreted for the client in developing the Legal 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.

At 3 Months/ 6 Months/ 12 Months: Use Case Review Form (DSS-6235) to follow up with the client on their progress.

Note: Case Manager or provider staff member completing the Legal Service Plan should ensure the client receives a signed copy of the form upon completion.