

MASSACHUSETTS REFUGEE RESETTLEMENT PROGRAM (MRRP) FAMILY EMPLOYMENT PLAN

Case Management Agency	Case Manager	Date
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PART I. ASSISTANCE UNIT (AU) / PARTICIPANT INFORMATION

Primary Participant #1

Last Name	First Name	Middle Initial	M/F	
				A#
				SS#

Street Address	City/Town	Zip Code	Telephone

Date of Birth	Date of Entry/Asylum Grant	Country of Origin	Cash Status	Assistance Unit Size	No. of Adults	Age of Children	No. of Employable Members

Participant #2 Primary Secondary

Last Name	First Name	Middle Initial	M/F	
				A#
				SS#

Date of Birth	Date of Entry/Asylum Grant	Country of Origin	Cash Status

Participant #3 Primary Secondary

Last Name	First Name	Middle Initial	M/F	
				A#
				SS#

Date of Birth	Date of Entry/Asylum Grant	Country of Origin	Cash Status

Other Filing Unit Members Who Might Play a Role in Self-Sufficiency

Name (Last, First, Middle)	Relationship to AU Head	Role in Self-Sufficiency Plan

PART II. EMPLOYMENT INFORMATION

Name of Participant **Primary** **Secondary**

Last Name	First Name	M.I.

Education: _____ Highest Level of Education

Diploma/Degree/Certificate: _____

Language Proficiency

Native Language _____ Literate: yes no

English Proficiency: None Low Medium High

Other Languages Spoken (*specify*): _____

Work History

Jobs Held by Client (*Start with the most recent job.*)

Job Title	Dates on Job	Primary Duties

Work Skills: _____

Other Assets (*Include abilities, interests, experiences.*)

Does client drive? Yes No License? Yes No

Obstacles/Barriers

Related to early employment: _____

Related to achieving durable self-sufficiency: _____

PART III. REFERRALS TO SERVICES

Agency	Services	Date

PART IV. EARLY EMPLOYMENT and SELF-SUFFICIENCY STRATEGIES

Name of Participant **Primary** **Secondary**

Last Name	First Name	M.I.

A. Early Employment

Short-Term Goal(s) for Achieving 150% of FPL (_____)

Pre-Employment - Related Activities/Services (<i>initial and modifications</i>)	Start Date	End Date	CM	ES	Client

Anticipated Employment Date: _____

B. Self-Sufficiency

Long-Term Goal(s) for Achieving 300% of FPL (_____) and 450% of FPL (_____)

Post-Employment - Related Activities/Services (<i>initial and modifications</i>)	Start Date	End Date	CM	ES	Client

Anticipated Self-Sufficiency Date: _____

PART V. AGREEMENT

Last Name	First Name	M.I.

By signing this Family Employment Plan, I agree to comply with all prescribed activities and services to the best of my ability, and to accept any legal offer of employment that meets the goals and objectives of this Plan.

I understand that failure to comply with the terms of this Plan may result in the reduction/termination of all Massachusetts Refugee Resettlement Program benefits/services received by my Assistance Unit, with the exception of Refugee Medical Assistance. If I receive cash assistance from the Department of Transitional Assistance (DTA), I understand that any sustained instance of non-compliance will be reported to the DTA and may result in reduction or termination of my DTA benefits.

I understand that the Case Manager and the Employment Specialist agree to exercise their best efforts to develop strategies which reflect the most direct transition for me, first to employment, and then to family self-sufficiency in the most time-effective manner possible.

Signatures

Client	Date

Case Manager	Date

Employment Specialist	Date