

## RAIS FAMILY SELF-SUFFICIENCY PLAN – AFTER EMPLOYED

I understand that in order to get help from the RAIS program, I must complete and follow a Family Self-Sufficiency Plan. Following this plan will help me get a job and earn income so my family can be independent and successful in Alaska. I will set realistic goals for my family’s progress, and plan activities that will move us toward our goals. I understand that I should follow this plan and participate in the activities developed by me and RAIS in order to best achieve my goals and in order for the RAIS program to best serve me and my family.

Name: **For Clients who are now employed**

Date of plan:

Client ID #:

**My employment goal is: keep current full time job and advance as possible**

**IF APPLICABLE: I intend to reach this goal and go off Temporary Assistance/ Refugee Cash Assistance by: suggest one year from time of arrival for ATAP and 8 months from Date of arrival for RCA.**

**To reach my employment goal, I must take steps to achieve the following intermediate goals:**

**PICK ONE BELOW**

**I intend to reach this goal within X months of this plan.**

**I intend to reach this goal and reduce Cash Assistance within X months of this plan.**

**To reach my employment goal, I must take steps to achieve the following intermediate goals:**

Intermediate Goal	Steps	Review date	Completion\ Goal date
Stay employed at current job	Arrive on time to work, complete assigned duties, and leave at scheduled time.	Suggest 6 months	Suggest 6 months
	Call employer if unable to attend work. Try not to take very many sick days.	Suggest 6 months	Suggest 6 months
	Call your case manager or Employment Services Coordinator if you have a problem with your employer. Do not quit your job until you consult your case manager.	Suggest 6 months	Suggest 6 months
Advance on the job	Seek and take additional responsibilities at work that will help you advance on the job.	Suggest 6 months	Suggest 6 months
	Complete your evaluation with your employer at the scheduled time. Consider any suggestions made for improving and ask your case manager for assistance to help you improve as appropriate.	Suggest 6 months	Suggest 6 months
	Seek and take additional responsibilities at work that will help you advance on the job.	Suggest 6 months	Suggest 6 months
Upgrade Job	Meet with Employment Services Coordinator to begin search for higher level or higher pay position.	Suggest 6 months	Suggest 6 months
Continue to build employability skills	As schedule allows, continue to attend English language classes at Anchorage Literacy Project or at NineStar	Suggest 6 months	Suggest 6 months

**MAKE A HARD COPY FOR THE FILE AND A COPY FOR THE CLIENT**

	<b>If your work and child care schedule does not allow you to attend classes</b> , your case manager will request for our office to provide you with an English tutor in your home. You must be available at least one hour per week for this opportunity.	Suggest 6 months	Suggest 6 months
Close your TA (Cash Assistance) case	<b>If spouse not working:</b> Increase your income to close your TA case by removing barriers to help your spouse become employed.	Suggest 6 months	Suggest 6 months
	<b>If spouse is working:</b> Increase income for your family by asking for overtime hours when available and performing well at work so as to receive your scheduled raises.	Suggest 6 months	Suggest 6 months
	<b>If TA is very low:</b> Because your TA is very low, but you want to keep your case open now, try to live within a budget less than the amount of TA you receive for the next couple of months. If you find that you can manage this, talk with your Case Manager about closing your cash assistance case. This will allow you to save your TA months for later in your life when you may not be earning any money. Remember, you only have 60 months in your life to be on TA.	Suggest 6 months	Suggest 6 months
Immigration Activities	<b>&gt; 10 months in the US.</b> Once you have been in the US at least 10 months, you need to start the process of Adjustment of status. Meet with the RAIS immigration status to complete the process for submitting your AOS application including following through with obtaining medical vaccine record and passport pictures.	Suggest 6 months	Suggest 6 months
	<b>&gt; 50 months in the US.</b> You need to start the process of applying for Naturalization. Enroll in a citizenship class or request a workbook from RAIS. Meet with RAIS immigration staff to review process.	Suggest 6 months	Suggest 6 months

**Support or accommodations needed to complete the plan (transportation, childcare, etc.):**

Service	Who will arrange for it?	Who will provide it?	Who will pay for it?
Bus Pass	CM will provide you with a bus pass each month that you are working during these X months	CSS-RAIS	DPA

**MAKE A HARD COPY FOR THE FILE AND A COPY FOR THE CLIENT**

Gas Card	CM will provide you with a gas voucher each month that you are working during these X months if you have a car or are carpooling to get to work.	CSS-RAIS	DPA
Taxi Service	CM will allow you to take a taxi for work only when the bus or a carpool is not available due to your work schedule. This must be pre-approved by your case manager or an emergency.	CSS-RAIS	DPA
English Language Classes and books	CM	CSS-RAIS, this office	DPA

**Work requirement status:**

I am required to participate in work and work readiness activities developed by me and RAIS. Activities I may need to participate in include employment, job reach, volunteer work experience, job sampling, on-the-job training, job readiness instruction, education or job training. If I am also receiving ATAP, my DPA FSSP will be based on this plan and my compliance with it.

- I am excused from work and work readiness activities until \_\_\_\_\_. But, I am still required to develop a plan and participate in family support activities that will lead to self-sufficiency for my family.
- I am excused from work and participation in other work activities but I will volunteer to participate in these activities.

My next appointment with my case manager will be: \_\_\_\_\_ at \_\_\_\_\_.  
I agree to keep this appointment and participate in reviewing and updating my family's plan.

Changes to this plan:

I understand that I must contact my case manager if I want to make any changes to this plan.

My signature below acknowledges that I understand and will follow the above plan to the best of my abilities.

Additional information: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAKE A HARD COPY FOR THE FILE AND A COPY FOR THE CLIENT**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature to show they received a copy: \_\_\_\_\_

**MAKE A HARD COPY FOR THE FILE AND A COPY FOR THE CLIENT**