

APPENDIX B

**Office of Newcomer Services
Comprehensive Resettlement Plan (ONS-CRP)
For the**

Family (or Individual) Name

Contractor Agency Name

EXPLANATION FOR CONTRACT AGENCY

- The ONS-CRP is completed within 30 days of the date the resettlement office begins providing services to a refugee, asylee, Cuban/Haitian entrant, Amerasian, victim of human trafficking or torture.
- The ONS-CRP is an assessment of each individual family member's employability, education, training, work experience, language proficiency, and service needs. It identifies individual and family strengths and lists deficits or barriers that need to be addressed. It includes all members of the family unit because the family's economic self-sufficiency is dependent on employment income and the physical and emotional health and of each individual family member. A cohesive, healthy family unit also helps to ensure sustained self-sufficiency and integration into communities.
- The ONS-CRP identifies current employment, education, and service needs.
- As service delivery continues, the ONS-CRP tracks changes in the family's situation and changing needs.

EXPLANATION FOR THE FAMILY

- The goal of this agency is to help you get a job as soon as possible. Getting a job is the first step to your living independently in your new community.
- This document is how the agency keeps track of its conversations with you.
- It is how the agency keeps track of what you need to get a job right away and what you need to get a different job later on – if that is what you want
- It is how the agency keeps track of the school, English language, social, and health needs of other members of your family.
- We hope that one day you will become a U.S citizen. This is the beginning of your making a plan that will lead to citizenship.

The ONS-CRP has seven separate parts:

- Part 1 Household Members and Demographic Information**
- Part 2 Reception and Placement Information**
- Part 3 Matching Grant Program Information**
- Part 4 Individual Employment Plan - Assessment of employable adults**
- Part 5 Family Member Assessment Plan - Assessment of other family members**
- Part 6 Signatures**
- Part 7 Progress Reviews**

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Part 1 Household Members and Demographic Information

Note: Arrival and other demographic information must be entered into the *Virginia Newcomer Information System* for each household member

Name of Primary Applicant or Head of Household			

Names of household members			
_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>
_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>
_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>
_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>
_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>
_____	Adult aged 18 – 60 <input type="checkbox"/>	Child aged 0 – 18 <input type="checkbox"/>	Adult over 60 <input type="checkbox"/>
For additional household members attach another sheet			

Part 2 Reception and Placement Information

Reception and Placement Period from ___/___/___ to ___/___/___

- Free Case
- Family Reunification, _____
Anchor Relative Name

Not Applicable, Asylee, victim of trafficking, or person who applies for services after the R&P period, example, secondary migrant

Note: The contractor’s Reception and Placement Program file and records become a part of this CRP.

Part 3 Matching Grant Program Information

Matching Grant Program Period from ___/___/___ to ___/___/___

- Not Assigned to Matching Grant
- Assigned to Matching Grant and later reassigned to another program

Note: Matching Grant client demographic information must be entered into the *Virginia Newcomer Information System* (VNIS) for each household member.

Note: The contractor’s Matching Grant Program file and records become a part of this CRP.

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Part 4 Individual Employment Plan (IEP), Page One

Complete Part 4 for each employable household member

The Individual Employment Plan (IEP) contains (i) an assessment of the refugee's employability and (ii) the refugees' short term and long term employment goals.

For Matching Grant clients, the Matching Grant Program Individual Employment Plan may be used in lieu of Part 4 as long as the MG-IEP addresses the factors included in this document.

Refugee LAST Name	First Name
Name of Person Conducting Initial Assessment	Date of Initial Interview

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Initial Employability Assessment	
Educational Background ▪ Last Grade Completed ▪ Functional level if known	
Employment History (previous employer, job title, pay, reasons for leaving)	
Work experience	
Marketable skills (If testing was used to make this assessment, list test used.)	
English language proficiency ▪ Speaking ▪ Writing ▪ Reading (If testing was used to make this assessment, list test used.)	

Part 4 Individual Employment Plan (IEP), Page Two

Plan Development

Employment long term goal stated by the client: _____

Immediate practicable employment goals recommended by the contract agency:

1. _____
2. _____
3. _____

Hourly wage the client can expect initially \$ _____

Hourly wage the client can expect with experience and training \$ _____

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Action Steps

Fill in those items that are appropriate for this client.
Complete for both short term and long term employment goals.
Update as long term and short term goals are met or as changes in plan occur.

EMPLOYMENT SERVICES

Pre-employment counseling

Needed Action

Expected Completion Date

1. _____
2. _____

Job development and job referral

Needed Action

Expected Completion Date

1. _____
2. _____

Job Search by Client

Needed Action

Expected Completion Date

1. _____
2. _____

Workplace Orientation

Needed Action

Expected Completion Date

1. _____
2. _____

Part 4 Individual Employment Plan (IEP), Page Three

On the Job Training

Needed Action

Expected Completion Date

1. _____
2. _____

Apprenticeship

Needed Action

Expected Completion Date

1. _____
2. _____

Skills Certification

Needed Action

Expected Completion Date

1. _____
2. _____

Aptitude assessment

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Needed Action		Expected Completion Date
1.	_____	_____
2.	_____	_____
Employment Skills Testing		
Needed Action		Expected Completion Date
1.	_____	_____
2.	_____	_____
Other Employment Service		
Needed Action		Expected Completion Date
1.	_____	_____
2.	_____	_____
ENGLISH LANGUAGE TRAINING		
English Language Proficiency, Speaking		
Needed Action		Expected Completion Date
1.	_____	_____
2.	_____	_____
English Language Proficiency, Writing		
Needed Action		Expected Completion Date
1.	_____	_____
2.	_____	_____
English Language Proficiency, Reading		
Needed Action		Expected Completion Date
1.	_____	_____
2.	_____	_____
Part 4 Individual Employment Plan (IEP), Page Four		
EMPLOYMENT SUPPORT SERVICES		
Vocational or Career Training		
Needed Action		Expected Completion Date
1.	_____	_____
2.	_____	_____
Transportation		
Needed Action		Expected Completion Date
1.	_____	_____
2.	_____	_____

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Child Care or Elder Care	Needed Action	Expected Completion Date
1. _____	_____	_____
2. _____	_____	_____
Health		
	Needed Action	Expected Completion Date
1. _____	_____	_____
2. _____	_____	_____
Translation or Interpretation		
	Needed Action	Expected Completion Date
1. _____	_____	_____
2. _____	_____	_____

PROGRESS REVIEWS

The agency case work staff initially will review the ONS-CRP with the client or other adult family member every 30 days for six months after entering the service provider’s caseload.

JOB FOLLOW-UP

If you get a job the agency will conduct job follow-up interviews 30 days, 60 days, and 90 days from the date you get the job. These follow-up interviews will be to ask how you are doing in your job and to determine if there is anything the agency can do to help you to stay employed, get promoted, change careers, and/or increase income.

Part 5 Family Member Adjustment Plan (FMAP), Page One

Family Member Adjustment Member Plan contains (i) an assessment of the refugee’s needs and (ii) the refugees’ short term and long term goals.

- Complete Part 5 for each household member aged 0 to 18 and over the age of 60
- For family members aged 0 – 18, this is completed with a parent or other adult household member
- For family members over the age of 60, this is completed with that individual

atching Grant clients, the Matching Grant Program file and records may be used in lieu of Part 5.

Refugee LAST Name	First Name
Name of Person Conducting Initial Assessment	Date of Initial Interview

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	Not Applicable	Initial Assessment
Education <ul style="list-style-type: none"> ▪ Last Grade Completed ▪ Functional level if known 		
Employment history, and work experience, and marketable skills		
Health Issues		
Housing		
English language proficiency <ul style="list-style-type: none"> ▪ Speaking ▪ Writing ▪ Reading (If testing was used to make this assessment, list test used.)		

Plan Development

Long term goal _____

Immediate practicable goals recommended by the contract agency:

1. _____
2. _____
3. _____

Part 5 Family Member Adjustment Plan (FMAP), Page Two

Action Steps

**Fill in those items that are appropriate for this client.
 Complete for both short term and long term goals.
 Update as long term and short term goals are met or as changes in plan occur.**

NEEDS

Education

Needed Action

Expected Completion Date

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1. _____
2. _____

Health

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Transportation: specify public, private, or other

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Child Care

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Elder Care

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Housing: Specify own, rent, or other

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Translation or Interpretation

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Part 5 Family Member Adjustment Plan (FMAP), Page Three

Employment

- | | Needed Action | Expected Completion Date |
|----|---------------|--------------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

Vocational or Career Training

- | | Needed Action | Expected Completion Date |
|--|---------------|--------------------------|
|--|---------------|--------------------------|

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1. _____
2. _____

Other

Needed Action

Expected Completion Date

1. _____
2. _____

ENGLISH LANGUAGE TRAINING

English Language Proficiency, Speaking

Needed Action

Expected Completion Date

1. _____
2. _____

English Language Proficiency, Writing

Needed Action

Expected Completion Date

1. _____
2. _____

English Language Proficiency, Reading

Needed Action

Expected Completion Date

1. _____
2. _____

Part 6 Signatures

I participated in the development of this document and understand that the agency wants to help me resettle in Virginia and eventually become a U.S. citizen and that I should call the agency when I need help.

 Primary Applicant of Head of Household _____
 Date

I certify that this plan was completed in cooperation with the primary applicant and other other adult family members, as applicable.

 Agency Case Worker _____
 Date

Part 7 Progress Review Notes

Print or reproduce as many of these pages as needed

Family Member Name _____ (date)

Update Notes:

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Family Member Name _____ (date)

Update Notes:

Family Member Name _____ (date)

Update Notes:
