



## R&P CORE SERVICES CHECKLIST

Please include a date of service for each item or write 'N/A'

<b>P.A. Name:</b>	<b>Case #:</b>	<b>Case Size:</b>	<b>DOA:</b>
<b>Other Adult Members:</b>			
<b>A. PRE-ARRIVAL</b>	<b>Date(s) of Service</b>	<b>Name of Provider (case worker, co-sponsor, UST, other)</b>	
Training/Orientation of U.S. Tie (if applicable)			
US Tie Assessment and Commitment Form (if applicable)			
Training/Orientation of Co-sponsor and signed Faith/Community Group Commitment form (if applicable)			
Home Evaluation and Safety Check conducted			
Home Supply List completed for furniture and household items			
Relevant health information shared with health care providers and/or state and local officials in order to plan for provision of appropriate health services			
<b>B. RECEPTION SERVICES AND BASIC NEEDS SUPPORT</b>	<b>Date(s) of Service</b>	<b>Name of Provider (case worker, co-sponsor, UST, other)</b>	
Airport Reception (with appropriate interpretation)			
Decent, safe and sanitary housing in good repair (available on arrival)			
Culturally appropriate, ready-to-eat food, plus one day's worth of additional food supplies and staples including baby food as needed (available on arrival)			
Appropriate seasonal clothing required for work, school, and everyday use, including proper footwear, and diapers for children (available on arrival)			
Furniture and household items in good condition (available on arrival)			
<b>C. SERVICES AND REFERRALS</b>	<b>Date(s) of Service</b>	<b>Name of Provider (case worker, co-sponsor, UST, other)</b>	
1 <sup>st</sup> Home Visit (next calendar day after arrival for all cases)			
Housing and Personal Safety Orientation (next calendar day after arrival) including emergency contacts and procedures			
Intake interview to verify refugee documentation and discuss roles and responsibilities (within 5 working days)			
Application for Social Security card (within 7 working days of arrival)			
Assist refugees to enroll in ESL (within 10 working days of arrival)			
Assist refugees to enroll in employment services to access appropriate job counseling, placement, and/or training programs as available in the community (within 10 working days of arrival)			
Filing original change of address forms with DHS (AR-11) and the U.S. Post Office (within 10 days of arrival)			
Service Plan developed for <u>each</u> employable and non-employable person (within 30 days)			
Review implementation of the service plan and progress toward reaching each refugee's goals (throughout the R&P period)			
2 <sup>nd</sup> Home Visit (must be within 30 days of arrival for all cases. EMM requirement is to conduct on or right before the 30 <sup>th</sup> day)			
Children meet school enrollment requirements and are registered for school (within 30 days)			
Selective Service orientation and registration assistance, if applicable (within 30 days)			
Transportation to job interviews and job training and services (as needed)			
Additional Home Visit (if moved from a temporary to permanent home within R&P period)			
Filing additional change of address forms with DHS (AR-11), the U.S. Post Office, and Selective Service (if applicable) for each change of address in the R&P period (within 10 days of moving).			
<b>D. HEALTH SERVICES AND REFERRALS</b>	<b>Date(s) of Service</b>	<b>Name of Provider (case worker, co-sponsor, UST, other)</b>	
Coordinate with state and/or local health care providers to provide medical services to refugees requiring medical care upon arrival			
Health care system orientation as well as follow-up information (within 30 days of arrival)			
Health screening (within 30 days of arrival) - indicate name of screening provider and date of actual exam			
Immunizations required in preparation for adjustment of status (within 30 days of arrival)			

Assist refugees in accessing appropriate providers of continued therapy or preventive treatment for health conditions affecting the public health (as applicable)		
Ensure that refugees with acute health care requirements receive appropriate, non-discriminatory and timely medical attention		
If Class A medical condition, appointment with official public health agency (within 7 days of arrival)		
If Class A mental health disorder, assist client to receive initial evaluation by health care provider (within 30 days of arrival)		
<b>E. ORIENTATION</b>	<b>Date(s) of Service</b>	<b>Name of Provider (case worker, co-sponsor, UST, other)</b>
Written community orientation materials in the refugee's native language (to the extent practical) made available upon arrival and provided within the R&P period.		
Cultural Orientation to include detailed orientation of all fifteen CO topics listed in the Cooperative Agreement (to be completed before the end of the R&P period).		
Orientation emphasizing Performance Outcomes b-d listed in the CA (b. Refugee can navigate appropriate and relevant systems, c. Refugee family is connected to means of ongoing support for self/family, and c. Refugee understands surroundings and situation) and on CO Checklist		
Explanation of legal requirement to repay IOM travel loan		
Information on the legal requirement to notify DHS and the Selective Service System of each change of address within ten days of moving to a new address.		
Evaluation and documentation of refugee understanding of orientation topics (before the end of the R&P period)		
<b>F. PUBLIC ASSISTANCE</b>	<b>Date(s) of Service</b>	<b>Name of Provider (case worker, co-sponsor, UST,, other)</b>
Application for medical, food and cash assistance, (within 7 working days of arrival)		
Assistance with enrollment in or application for other services for which each refugee is eligible, as appropriate (once eligibility requirements are met).		
Notify appropriate state, county, or other local welfare office per their local requirements at the time the agency becomes aware that a refugee receiving welfare benefits has been offered employment or has voluntarily quit a job.		
Type of public assistance and start date ( <i>check</i> ):		
Within 7 days: ( ) RCA/TANF _____ ( ) SNAP/Food Stamps _____ ( ) RMA/Medicaid _____		
Other Programs: ( ) LIHEAP _____ ( ) SSI _____ ( ) WIC _____		
( ) Matching Grant _____ ( ) Wilson Fish/PPP _____ ( ) Other _____		
<b>G. MINOR CASES (if applicable)</b>	<b>Date(s) of Service</b>	<b>Name of Provider (case worker, co-sponsor, UST, other)</b>
<b>Pre-arrival Suitability Determination</b> for all M5, M6, as well as M3 minors whose designated caregivers are already in the U.S. (submitted prior to assurance)		
<b>Post-arrival Placement Assessment</b> for M2 and M3 minors traveling with relatives or other caretakers (within 7 days of arrival)		
<b>Counseling</b> on travel loan repayment and orientation to the nature and expectations of U.S. practices and legal requirements respecting child care for M2, M3, M5, M6, and M7 (within 7 days of arrival)		
<b>Statement of Responsibility</b> for M2, M3, and M6 (within 7 days of arrival)		
<b>1<sup>st</sup> Minor Home Visit</b> for M2, M3, M5, M6, and M7 (within 7 days of arrival)		
<b>90 Day Follow-Up Evaluation Home Visit</b> for M2, M3, M5, M6, and M7 (within 14 days after the 90 <sup>th</sup> day of arrival)		
<b>90 Day Follow-Up Evaluation Report</b> for M2, M3, M5, M6, and M7 cases completed and sent to the national office and SRC (within 30 days after the 90 <sup>th</sup> day after arrival)		
<b>COMMENTS</b> ( <i>List issues that prevented the effective delivery of any of the above required services, including relevant dates</i> ):		

Client Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreter Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_