

Appendix 2: REMAP INTEGRATION: A Tool for Resettlement Agencies to Respond to FDP Self-Assessment

REMAP INTEGRATION

A Tool for Resettlement Agencies Tool to respond to FDP Self-Assessment

The below tool provides follow-up measures that should be taken by local resettlement agencies in response to the questions answered in the FDP Self-Assessment. Please document all responses in case notes.

English Language Acquisition

Question #	IF	THEN
1a.	If the client feels that the class they are enrolled in is not an appropriate level (<i>neutral – strongly disagree</i>) ...	Please advocate for your client with the ESL provider to ensure that client's concerns are addressed.
1b.	If the client indicated that they would like to be enrolled in ESL class...	Please provide a list of ESL courses in the service area and make a referral to appropriate courses as requested by client.
2.	If the client indicates they do not know enough English to communicate comfortably in most settings (<i>neutral – strongly disagree</i>) ...	Please create a service plan to help the client overcome language barriers and improve English skills.

Employment and Livelihoods

Question #	IF	THEN
4b.	If the client indicates that they don't make enough money to support living expenses...	Create a service plan to help the client overcome this barrier. This could include training your client on how to effectively ask for a raise, educating with an employer about livable wages, or helping a client search for another job.

4c.	If the client indicates that they are uncomfortable with their work hours...	Please help the client connect with their employer and voice concerns about shift work. If needed, please help the client search for another job.
4d.	If the client indicates that they're unhappy with their current job (disagree – strongly disagree) ...	Please discuss the reasons why the client is unhappy and address those areas of concern.
4f.	If the client indicates that their current job does not align with their education, experience, or interests (disagree – strongly disagree) ...	Please assess the client's past education, experience, and interests and create a service plan to help the client achieve their career goals.
5b.	If the client indicates that they're unemployed and not actively seeking employment...	Please discuss with the client the barriers to employment and help create a service plan to overcome those barriers.
6a.	If the client indicates that they have no professional network (disagree – strongly disagree) ...	Please facilitate connections with relevant groups or mentors who can help the client with their career goals

Education

Question #	IF	THEN
7.	If the client is unsatisfied with the level of education they achieved or are working towards (neutral – strongly disagree)	Please create a service plan with the client to outline how to achieve educational goals.
9.	If the client is interested in learning more about educational programs...	Please share information about local education opportunities.
10.	If the client is interested in learning more about pathways to pay for education...	Please share information about how to pay for education.

Health

Question #	IF	THEN
12.	If the client does not feel physically fit and healthy (neutral – strongly disagree)	Please create a service plan with the client on how to best overcome health barriers.
13.	If the client does not have, or does not know if they have a primary care provider...	Then please share information about accessible primary care providers in the area.
14.	If the client does not have, or does not know if they have a dentist...	Please share information about accessible dentists in the area.
15.	If the client does not know how to access emergency services...	Please review with client directly how to contact emergency services as well as alternative options, such as Urgent Care, depending on the needs.
16.	If the client is having trouble accessing interpretation services...	If the healthcare provider accepts Medicaid, then they should have interpretation services available. If not, please discuss with and arrange for client to get adequate interpretation during healthcare appointments.
17.	If the client indicates that they don't have or don't know if they have health insurance...	Please explore options for client to be enrolled in a health insurance program.
18.	If the client indicates that they are having trouble accessing necessary healthcare...	Please create a service plan to help client overcome barriers to healthcare.
19.	If the client indicates they don't know who to contact at your agency regarding healthcare questions...	Please share contact information for your health liaison. Please also share general contact information for agency in case of staffing changes.

Mental Health

Question #	IF	THEN
21.	If the client indicates that they don't feel mentally fit and healthy...	Please create a service plan with client to help overcome barriers to mental health care.
22b.	If the client's mental health counselor does not provide interpretation...	Please consult with mental health provider to talk about possible solutions to overcome language barrier or connect with a new counselor who meets language and cultural needs.
23.	If the client indicates a barrier to obtaining mental health counseling...	Please create a service plan to help overcome barriers to mental health care.
24.	If the client indicates that they don't know who to contact at your agency regarding mental health care...	Please share contact information for your health liaison. Please also share general contact information for agency in case of staffing changes.

Housing

Question #	IF	THEN
26.	If the client indicates that they don't have permanent housing...	Please create a service plan with client to help overcome barriers to housing.
27.	If the client indicates that they don't feel safe in their home or neighborhood (<i>neutral – strongly disagree</i>) ...	Please discuss with the client why they don't feel safe and create a service plan to help overcome those barriers.
27a.	If the client indicates that they cannot afford their home...	Please help connect the client with programs that can help subsidize rent and/or help the client seek employment that can cover cost of living.

28.	If the client indicates that they cannot effectively communicate with landlord	Please connect with the appropriate employee within resettlement agency in case of any trouble with housing. Also ensure that client is connected with English language courses.
28b.	If the client indicates that they don't know who to contact at your agency for issues with landlord...	Please share contact information for the appropriate person to help overcome these challenges. Please also share general contact information for agency in case of staffing changes.

Identity and Inclusion

Question #	IF	THEN
30. 31. 32.	If the client indicates that they have any trouble connecting with their new community (<i>neutral – strongly disagree</i>) ...	Please share community centers and organizations that can best support the client.
34.	If the client indicates that they don't know who to contact about questions in their new community...	Please share contact information for the appropriate person to help overcome these challenges. Please also share general contact information for agency in case of staffing changes.

Self-sufficiency

Question #	IF	THEN
3, 6, 11, 20, 25, 29	If the client indicates that they don't have sufficient information to make informed decisions (<i>disagree – strongly disagree</i>) ...	Please connect them with the appropriate contact at your agency so that they can help share accurate information with the client.