RMTAC

Resource & eMpowerment Technical Assistance
Center for Behavioral Health

Case Management Guide: Recommendations for working with Refugees and Migrants

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Introduction

Welcome! Our intent with this guide is to help support your growth in your role as a case manager specifically for the refugee and migrant populations. This guide is divided into chapters that delve into the foundations of case management, the different responsibilities, and obligations, important skills as well as, ways to be a successful case manager. This guide includes supplemental resources to expand. Since many of the migrants and refugees you will be supporting will be from Latin America, there will be additional information interwoven in each chapter related to the experiences and backgrounds of many Latin American refugees and migrants.

The Resource & eMpowerment Technical Assistance Center for Behavioral Health (RMTAC) is available to collaborate and strengthen your skills and ability to provide services to refugee and migrant populations. We encourage you to continue to reach out to us for foundation and advanced consultation and technical assistance via our website: Consultation & Technical Assistance Request – Resource & eMpowerment Technical Assistance Center (RMTAC)

Chapter 1: Foundations of Case Management

As defined by the National Association of Case Management (NACM), case management is *a coordinated approach implemented by professionals for the delivery of health, substance abuse, mental health, and social services, linking individuals with appropriate services to address specific individual needs and achieve stated goals*[1]

The purpose of case management is multifaceted. It is to:

- Take notice that individuals are owed professional and effective case management services
- Give support and hope to individuals as well as those related within their social network
- Be effective and efficient in the way you utilize services to encourage wellness-based outcomes as well as highlight strengths and abilities, needs preferences and goals that are a part of the service delivery process
- Help individuals attain the best quality of life and attain interdependence and fulfillment to the fullest extent in their lives in their communities[2]

It may be helpful to view the purpose of case management as an anchor point to help ground your work with refugees and migrants.

Additionally, you can use the principles of case management to help guide your work. They describe what your service delivery should reflect, being:

- Accountable
- Consistent with restoring, maintaining, and enhancing well-being
- Culturally sensitive
- Effective in accomplishing outcomes
- Empowering
- Flexible and responsive
- Individualized based on self-determination and choice
- Informational
- Trauma informed
- Person-centered and network-inclusive
- Provided to minimize risk of harm
- Strength-based[3]

Now that we've established the general foundations of case management, we can explore more specific information regarding important processes and different types of case management programs.

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[1] National Association of Case Management. (2017). *CASE MANAGEMENT PRACTICE STANDARDS*. NACM-CM Practice Standards. https://www.yournacm.com/file_download/e4995a98-0d00-4779-ba18-1beb8df8e669

[2]Ibid

[3] Ibid

When implementing case management for different populations, it is important to become familiar with each step of the process.

For example, you will find the case management process to follow for unaccompanied children (directly based on US Committee for Refugees and Immigrants[4]) below:

Intake and transfer to ORR (Office of Refugee Resettlement) Custody →
Identification → Verification → Documentation and Approval of Release Post-Release Services

To learn more about this process and how to support it as a case manager, visit USCRI-Case-Mgmt-10-2021.pdf

Below is a list of example responsibilities of bilingual refugee case managers directly from the Office for Refugees and Immigrants (ORI) Programs and Services:

- Assessing major needs of client and facilitate referral of clients to employment services and other important support services
- Address employment barriers for clients
- Tracking progress related to employment and economic independence
- Implementation of Refugee Cash Assistance benefits
- Implementation of Early Employment/Retention Bonus and different cash assistance as needed [5]

Additional knowledge that is important to research and stay updated on is different types of case management programs that serve different populations since the refugee and migrant populations are so diverse in terms of needs.

- One example of a specialized case management program is a remote case management program called the Access to Support and Services for Survivors of Torture (ASSIST) program[6].
- The more specialized your case management program is to the needs of your refugee or migrant client, the better you will be able to serve and support them.

As a case manager, it is important that you deeply understand the challenges faced by refugees of different backgrounds. For example, Latin American migrants deal with the difficulties of needing to

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[4] Dorrett, J. (2021, October). *Case Management for Unaccompanied Children*. USCRI-Case-Mgmt-10-2021. https://refugees.org/wp-content/uploads/2021/10/USCRI-Case-Mgmt-10-2021.pdf

[5] Executive Office of Health and Human Services. (n.d.). Refugee case management and Wilson-Fish. https://www.mass.gov/info-details/refugee-case-management-and-wilson-fish

[6] Barneche, K., & Matos, L. (2014). Case management for immigrant survivors of torture: An examination of HealthRight international's access to support and services for survivors of torture program (assist). *Global Social Welfare*, *1*(2), 75–80. https://doi.org/10.1007/s40609-014-0002-0

learn a new language and traditions as well as the status of not being a citizen in the United States[7]. These challenges build upon each other.

[7] Hanson, G. H., Orrenius, P., & Zavodny, M. (2022, November). US Immigration from Latin America in Historical Perspective.

Chapter 2: Clinical Case Management

Now we will begin to discuss your responsibilities as a case manager. Your refugee or migrant client may also be experiencing mental health challenges. Although you may not be a licensed clinician, there are still clinical responsibilities you should be fulfilling in order to support the mental health of your client.

It is important to implement trauma-informed care principles as this is crucial in avoiding a crisis and can support de-escalation techniques. Below you will find how to de-escalate mental health crisis situations in a trauma informed way:

- **Safety:** Provide your client with space (i.e. insert distance between yourself and the client). Develop a safety plan with the client if you think it is necessary
- **Transparency & Trustworthiness:** Ensure that you are acting in a manner that shows predictability. Provide directions with clarity and that are straightforward. Provide client with options.
- **Mutual Collaboration:** Provide validation regarding client's feelings and experiences
- **Empowerment & Choice:** Indicate choices when you can while making the choices straightforward if situation escalates8

If you are a clinician and a case manager, you can practice case management through a clinical lens. Treatment Alternatives for Safe Communities (TASC) case management brings together coordination that is clinically based and multisystemic in conjunction with treatment placement and recovery management. The result is an approach that is client centered and unique.

These are the components of TASC case management:

Identification, Screening, and Assessment → Recommendations and Service Planning → Service Referrals and Placement → Education and Advocacy → Ongoing monitoring, reporting and service plan adjustments[9]

When implementing case management through a clinical lens, it is also important to be mindful about adapting clinical case management for different populations and settings as well as monitoring referral outcomes. An example of a very specific setting and population that you may work with is college students. Below you will find a resource regarding referral process for college students:

- Clinical case management & referral success outcomes

[8] Switchboard TA. (n.d.). *Preventing Crises and De-escalating Difficult Situations with Newcomer Clients*. Microsoft Word - Switchboard Information Guide-Preventing Crises and De-escalating Difficult Situations with Newcomer Clients. https://www.switchboardta.org/wp-content/uploads/2020/01/Preventing-Crises.pdf

[9] TASC, Inc. (2019, January). *TASC | Specialized case management model*. TASC-Clinical-Case-Mgt-Model. https://www.tasc.org/TascBlog/images/documents/TASC-Clinical-Case-Mgt-Model.pdf

Traumatic experiences that many migrants in the US may experience include violence and political/economic unrest in their countries of origin. Examples of violence that may occur are extortion, theft and human trafficking. Extortion can lead to negative mental health effects including depression, anxiety and PTSD[10]. Detained child migrants and asylum seekers may experience depression, anxiety, PTSD and developmental delays[11]. Unaccompanied children may develop depression, anxiety, PTSD and general psychological distress[12]

In addition to being familiar with the mental health challenges of migrants and refugees, it is important to understand the factors that motivated their migration. For example, unaccompanied minors from Central America have disclosed they migrated to escape poverty, limited education opportunities, and violence.[13]

See Appendix A for more resources.

[10] Vargas, L., Epperson, C. N., Richmond, T. S., Sharif, S., Berkowitz, L., Giano, Z., Hargarten, S., Ungar, M., Weigend-Vargas, E., & Sakai, J. (2024). Extortion experiences of recent adult immigrants from Latin America: Self-reported prevalence, associated costs, and current Mental Health. *Injury Epidemiology*, *11*(1), 1–8. https://doi.org/10.1186/s40621-024-00524-2

[11] Estefan, L. F., Ports, K. A., & Hipp, T. (2018). Unaccompanied children migrating from Central America: Public health implications for violence prevention and intervention. *Current Trauma Reports*, *3*(2), 97–103. https://doi.org/10.1007/s40719-017-0082-2

[12] Ibid

[13] Ibid

Chapter 3: Documentation

Detailed documentation is crucial for all case notes. This chapter will outline ways to strengthen your case note documentation to ensure all documentation is clear and comprehensive.

Case notes should be sure to cover the 5Ws:

- **Who** was at the meeting? Include everyone who attended
- **What** occurred during the meeting? Be sure to document all vital details in the order they occurred
- **When** was the meeting? Document the date, start time, end time
- **Where** did the meeting happen? (i.e. what was the setting (someone's office, someone's home, a center)
- **Why** was a meeting needed? Had the meeting been a check-in or was it impromptu due to an urgent matter?[14]

It is also important to keep in mind the 5Cs when writing case notes:

- **Comprehensive:** Ensure that case notes document all that you have completed with the client and what is left to be done
- **Chronological**: Document information in the order from first contact to most recent contact
- **Consistent**: Ensure that your case documentation shows consistency when compared to other documentation (e.g.: intake forms) especially in terms of dates
- **Confidential**: Maintain confidentiality for case notes. Case notes should solely be accessible to relevant staff. Case notes can only be shared with others if a release of information has been signed by the client
- **Case Management:** Document how you took the initiative to manage cases. Include things such as goals, barriers and progress or reasons for the lack of progress[15]

Just as there are important components to include in your notes, there are certain components you shouldn't include in your notes. It can be helpful to review your case notes against this list to ensure that you have not done any of these things and have followed the tips below on how to maintain the quality of your documentation:

Here are some tips for writing case notes:

- Do not include opinions, commentary, person emotional responses, value judgements, and irrelevant information
- Ensure that reports are concise, accurate, objective and neutral

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[14] Switchboard TA. (n.d.). *Creating High-Quality Case Management Documentation*. Downloadable-Resource-Creating-High-Quality-Case-Management-Document. https://live-irc-switchboard.pantheonsite.io/wp-content/uploads/2023/07/Downloadable-Resource-Creating-High-Quality-Case-Management-Documentation.pdf

[15] Ibid

- Strictly adhere to the facts
- A strategy to use if you are questioning whether information is fitting for a case is to ask yourself:
    - How would my client emotionally react to reading my case note?
    - Would my client support the way I described the events that occurred?
    - Would my client believe my description of them in clinical documentation valued them?
- Integrate client's own words in documentation to help prevent yourself from including emotional reactions or value judgements[16]

Lastly, there are general reminders to keep in mind for documentation. These reminders can help you adapt your mindset to focusing on what to target when writing case notes:

- Anything that is not documented cannot be proven that it occurred.
- Everything important must be documented
- Documentation should be "to the point" and be protective of the clients
- Ensure that you are staying client centered and strength-based
- Make paperwork a normal part of your overall workflow
- Explore various notetaking styles[17]

For examples of note templates, see Appendix C

[16] Ibid

[17] Switchboard. (2024, February 5). *Case management documentation: Making the paperwork work for you*. Case-management-documentation. https://www.switchboardta.org/case-management-documentation/

Chapter 4: Consultation

Effective case management for refugees and migrants requires a client-centered approach, where the needs, goals, and preferences of individuals guide the support they receive. Consultation is a key part of this process, ensuring that clients are actively involved in decisions about their well-being and future. Through meaningful consultation, case managers actively listen, engage in open dialogue, and involve clients in the decision-making process. By prioritizing their voices, case managers foster trust, empowerment, and collaboration, rather than imposing one-size-fits-all solutions. This approach recognizes the dignity and agency of refugees and migrants, encouraging them to take an active role in their resettlement journey. By centering services around the client's voice, case managers can provide more effective, culturally responsive, and sustainable support that aligns with the strengths and aspirations of those they serve.

To act as a consultant is to provide professional advice or services about issues within the realm of one's specialty when requested. People or agencies who are being helped by the consultant are referred to as consultees.[18]

Consultation

1. Case consultation is at time also referred to as case coordination
2. Case consultation involves a case worker reaching out for additional specialized support in an area that is not a part of their own specialty. Examples may include specific processes, the client's circumstances, or the client population.
3. Most frequently, consultations happen amongst staff of the same organization.
4. Case consultation can also include external organizations from time to time.[19]

Client Centered

Client-centered case consultation focuses on assisting the client. The consultant will utilize their expertise to gain an understanding of the client's problem and provides treatment suggestions.[20]

It is important to establish client rights and responsibilities policy.

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[18] Royal, C., Kissinger, D. B., & Scott, D. A. (2014). Introduction and overview of consultation. In *Counselor As Consultant (Counseling and Professional Identity)* (1st ed., pp. 1–17). essay, SAGE Publications, Inc.

[19] Switchboard TA. (n.d.). *Effective Case Consultations and Case Conferences*. Switchboard-Info-Guide-Consults-and-Conferences. https://live-irc-switchboard.pantheonsite.io/wp-content/uploads/2023/04/Switchboard-Info-Guide-Consults-and-Conferences.pdf

[20] Edmunds, J. M., Beidas, R. S., & Kendall, P. C. (2013). Dissemination and implementation of evidence based practices: Training and consultation as implementation strategies. *Clinical Psychology: Science and Practice*, *20*(2), 152–165. https://doi.org/10.1111/cpsp.12031

- This policy will instruct clients about service expectations in the United States, develop a sense of safety and trust and creating the building blocks needed for an effective collaboration
- Furthermore, when you have a conversation about clients' rights and responsibilities, this benefits the client in other ways including the following:
    - It shows the client you value them as well have genuine concern for their wellbeing
    - It assists with regaining safety and trust for clients whose rights may have not been respected in the past
    - It instructs clients about expectations to have about the organization and other US based service providers
    - It equips clients with knowledge about the different paths to take if their rights are violated
    - It fosters trust and understanding because you are explaining to the client how you use their information
    - It assists with guiding clients on which information to disclose and how information will be used if they disclose it
    - It preemptively establishes expectations of the way clients should utilize programs, services and staff
    - It gives staff and clients a common area of understanding. This can be beneficial in situations where staff must break confidentiality or implement measures of accountability.[21]

[21] Switchboard TA. (n.d.). *Discussing Client Rights and Responsibilities*. Switchboard-Info-Guide-Rights-and-Responsibilities.pdf.

Chapter 5: Approaches to Case Management

There are different approaches you can use as a case manager. These approaches can be used with the client directly or they can address the systemic level.

- Trauma-Informed Care can be applied to the organizational/agency level, the program/office level and the personal level. Regardless of what level a trauma informed approach is being used, the principles of trauma-informed care are the same. They are safety, trustworthiness, transparency, mutual collaboration, empowerment, voice and choice.[22]

- Clinical Case Management Model. This is when clinicians are the case managers, and they give the client therapeutic support.[23]

- Strengths and Rehabilitation Model. This model concentrates on developing solid relationships; stresses strengths; gives choice, autonomy and control; helps people with attaining and creating environmental and personal resources.[24]

- Assertive Community Treatment (ACT) and Intensive Case Management are approaches that involve small caseloads, a team structure and more direct service as opposed to referrals[25]

- Critical Time Intervention provides intensive case management for a specific timeframe. This case management intends to help people create community connections and supports[26]

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[22] Switchboard TA. (n.d.). *Trauma-informed care: A Primer for Refugee Service Providers*. Trauma-informed-Care-A-Primer-for-Refugee-Service-Providers. https://www.switchboardta.org/wp-content/uploads/2020/01/Trauma-informed-Care-A-Primer-for-Refugee-Service-Providers.pdf

[23] *A comprehensive approach to case management*. March 2011- Step by Step: A Comprehensive Approach to Case Management. (n.d.). https://air.org/sites/default/files/March%202011%20-%20Step%20by%20Step%20-%20A%20Comprehensive%20Approach%20to%20Case%20Management.pdf

[24] Ibid

[25] Ibid

[26] Ibid

Chapter 6: Skills and Techniques

As a case manager working with refugees and migrants you should have a diverse set of skills and competencies to effectively support the clients you work with.

Key skills include:

Cultural Competency and Humility

- Understand different cultural backgrounds, traditions, and values.
- Be respectful and nonjudgemental towards diverse perspectives.
- Avoid using assumptions and stereotypes.
- Master-Learner-Workbook-Cultural-Humility-1.pdf

Trauma-Informed Care

- Recognize signs of trauma and its impact on behavior and well-being.
- Provide support in a way that minimizes re-traumatization.
- Understand PTSD, displacement trauma, and survivor resilience.
- Trauma Informed Care for Displaced Populations
- Trauma-Informed Care: Understanding and Addressing the Needs of Unaccompanied Children | The National Child Traumatic Stress Network
- Applying Trauma-Informed Practices to the Care of Refugee and Immigrant Youth: 10 Clinical Pearls

Strong Communication Skills

- Communicate clearly with clients who may have limited English proficiency.
- Utilize active listening skills and empathy to build trust.
- Use interpreters effectively while maintaining confidentiality.

Knowledge of Immigration and Legal Systems

- Understand different immigration statuses.
- Be familiar with immigration processes and documentation.
- Know when and how to refer clients to legal experts.

Case Management and Organizational Skills

- Conduct thorough assessment and create individualized service plans.
- Keep detailed and confidential records.
- Manage multiple cases while prioritizing urgent needs.

Crisis Intervention and Problem-Solving

- Respond to urgent situations.
- Think critically to find solutions with limited resources.
- Stay calm and provide emotional support in high-stress situations.

Advocacy and Networking

- Advocate for clients' rights in areas such as housing, healthcare, and employment.
- Build relationships with local organizations, government agencies, and service providers.
- Educate policymakers and the public on refugee and migrant issues.

Knowledge of Social Services and Resources

- Be familiar with available support systems (housing, healthcare, employment, education, etc.).
- Connect clients with relevant services and programs.
- Understand eligibility requirements for different benefits.

Adaptability and Resilience

- Work in fast-changing environments.
- Be flexible with different cultural expectations and logistical constraints.
- Maintain a solution-focused mindset.

Ethical and Professional Boundaries

- Maintain client confidentiality and informed consent.
- Maintain professional boundaries with clients and their families.
- Handle sensitive information with care and professionalism.

Another important skill is implementing early screenings for refugees. Currently, 37% of newly arrived refugees are given mental health screenings. In contrast, 50% of non-refugee adults are being screened for mental health. A model that can help with mental health screenings is implementing the electronic patient portal system. An electronic patient portal system can be used to distribute questionnaires which can identify specific mental health symptoms, and this can assist with mental health referrals.[27]

It is important to know how to navigate an effective mental health referral system. Examples of unique mental health referral systems are EmPATH and EMPOWER. EmPATH uses a collaborative care-based program where patients are given a case manager or counselor who can give short psychotherapeutic interventions including problem-solving treatment, motivational interviewing and behavioral activation, EMPOWER uses community health workers and other nonspecialists who have been instructed on how to implement the important parts of mental health intervention and care like behavioral activation.[28]

For resources, see Appendix C.

[27] Chhabra, D. K., & Nayak, A. (2024, April 3). *Migrants come to the U.S. with trauma. A broken mental health system adds stress.* Four key actions could make a difference. https://harvardpublichealth.org/mental-health/four-ways-to-fix-the-u-s-refugee-mental-health-crisis/

[28] Ibid

Chapter 7: Working with Interpreters

Effective communication is essential in case management, and working with interpreters is a key component of providing equitable and client centered support for refugees and migrants. Language barriers can create significant challenges in accessing services, understanding rights, and making informed decisions. Professional interpreters bridge these gaps by facilitating clear and accurate communication while maintaining cultural sensitivity and confidentiality. This chapter explores the best practices for working with interpreters, ensuring that language access enhances, rather than hinders, the support provided to clients. By fostering respectful and effective collaboration with interpreters, case managers can build trust, empower clients, and ensure that services are truly inclusive and accessible.

Key things to consider:

- **Role of Interpreters**
  - Interpreters facilitate communication between case managers and clients who have limited English proficiency.
  - They ensure accuracy and culturally appropriate communication.
  - Their role is to translate meaning, not just words, while maintaining neutrality.

- **Choosing the Right Interpreter**
  - Use trained, professional interpreters whenever possible (avoid relying on family members, especially children).
  - Consider gender, cultural norms, and dialect variations when selecting an interpreter.
  - Ensure the interpreter is impartial and maintains confidentiality.

- **Confidentiality and Professionalism**
  - Interpreters should adhere to ethical guidelines, including confidentiality expectations to both the client and the interpreter.
  - Case managers must explain confidentiality expectations to both the client and the interpreter.
  - If working with a volunteer or community-based interpreter, ensure they understand professional boundaries.

- **Effective Communication Strategies**
  - Speak directly to the client, not the interpreter.
  - Use clear, simple language and avoid jargon or idioms.
  - Allow time for interpretation and check for understanding.
  - Observe nonverbal cues and clarify misunderstandings when needed.

- **Working with Remote Interpreters**
  - Be aware of technical challenges when using phone or video interpretation services.
  - Ensure privacy and a quiet environment for sensitive discussions.
  - Use visual aids if necessary to improve comprehension.

- **Cultural Considerations**
  - Interpreters may help explain cultural differences that impact communication.
  - Some topics (e.g. trauma, gender-based violence) may require specialized interpreters trained in sensitive conversations.
  - Be mindful of power dynamics between the client and the interpreter, especially if they are from the same community.

- **Managing Challenges in Interpretation**
  - Address any miscommunications or misunderstandings immediately.
  - If a client appears uncomfortable, consider switching interpreters.
  - Be patient – some concepts may not have direct translations, requiring additional explanation.

- **Training and Advocacy**
  - Case managers should receive basic training on working effectively with interpreters.
  - Advocate for improved access to professional interpretation services in refugee and migrant programs.
  - Encourage feedback from clients about their experiences with interpreters to ensure quality services.

For resources, see Appendix D.

Chapter 8: Ethical Obligations

As a refugee service provider, you are obligated to act as a mandated reporter. As a mandated reporter, if you have reason to believe or know that either a child or vulnerable adult is being abused, neglected, exploited, or abandoned, you are required to report the abuse.[29] You should consult and be familiar with your state's laws to determine what the parameters of mandated reporting are. Abuse includes physical abuse, emotional abuse, online abuse, sexual abuse, neglect and human trafficking.[30]

For resources, see Appendix E.

[29] Foundations of Mandatory Reporting for Refugee Service Providers - Switchboard

[30] Wahrman, M. (2024, April 18). *Foundations of Mandatory Reporting for Refugee Service Providers*. 4.18.24 Mandatory Reporting for Refugee Service Providers. https://www.switchboardta.org/wp-content/uploads/2024/04/4.18.24-Mandatory-Reporting-for-Refugee-Service-Providers-Public_Final.pdf

Chapter 9: Successful Case Management

The National Association of Social Workers Standards for Social Work Case Management emphasizes the importance of a relationship that is therapeutic between case manager and clients and is essential for the case management process. A therapeutic relationship assists with increasing client engagement and assists with creating strategies that are the best fit for the client. Additionally, a safe environment should be fostered so that your client feels comfortable disclosing their stories, challenges, and emotions.

It is crucial that evidence-based practices are used. Evidence-based practices includes:

1. **"**Current client needs, situation, and environment
2. Best available research evidence
3. Client values and preferences
4. Case manager's judgment and expertise**"**[31]

You should base your relationship with clients as partnership. Case managers should establish a feeling of self-determination within clients. Self-determination may assist in promoting more life satisfaction for clients.[32]

For resources, see Appendix F.

[31] TSCG. (n.d.). *Three key principles for effective case management*. Three Key Principles for Effective Case Management. https://www.tcsg.edu/wp-content/uploads/2019/05/Three-Key-Principles-for-Effective-Case-Management.pdf

[32] TSCG. (n.d.). *Three key principles for effective case management*. Three Key Principles for Effective Case Management. https://www.tcsg.edu/wp-content/uploads/2019/05/Three-Key-Principles-for-Effective-Case-Management.pdf

Chapter 10: Closure of Case Management Services

When you need to close case management services, it is important to practice effective closure. Termination of case management services may be initiated by your organization or the client. If your organization initiates the termination of services, as the case manager, you should tell the client of their rights. The client has the right to appeal against the organization's choice to terminate services and may request a fair hearing. Additionally, when termination is involuntary, you should document the reasons for termination within five working days and let your client know that they may be given the documentation based on your organization's disclosure policy. If the client is a minor or an impaired adult, send a copy of the letter of termination to the legal guardians.[33]

Be sure that you are following case closure guidelines of your organization when closing case management services. Terminations of case management services can be made by the client, family, care giver, payer, case manager, and/or other appropriate parties[34]
Keep in mind that there are different reasons to close the case:

- Client reached main outcomes of case management services
- Client moved to a different health setting
- Benefits have been dropped or altered
- Client no longer wants program services
- Client no longer wants case management services
- Case manager can no longer carry out services
- Client has deceased[35]

For resources, see Appendix G.

[33] Catholic Charities of Los Angeles. (n.d.). Policy. http://catholiccharitiesla.org/wp-content/uploads/CS-115-.pdf

[34] CMSA. (2010). *Standards of practice for Case Management*. 2010 CM Standards of Practice. https://www.abqaurp.org/DOCS/2010%20CM%20standards%20of%20practice.pdf

[35] Ibid

Chapter 11: Self-Care

Case managers working with refugees and migrants often face emotionally demanding situations, making self-care essential for sustaining their well-being and effectiveness. The nature of their work – supporting individuals who have experienced trauma, displacement, and systemic barriers – can lead to compassion fatigue and burnout if not properly managed. To maintain resilience, case managers should prioritize regular self-care practices, including setting professional boundaries, seeking peer support, and engaging in activities that promote relaxation and emotional balance. Reflective supervision, mindfulness, and ongoing professional development can help process difficult cases and prevent emotional exhaustion. By taking care of their own mental and physical health, case managers can continue to provide compassionate, high-quality support to the individuals and families they serve.

Self-Care Strategies to Implement:

- **Set Boundaries**: Avoid taking work home emotionally and establish clear limits with clients to prevent over-involvement.
- **Engage in Peer Support**: Connect with colleagues for debriefing and emotional support.
- **Practice Mindfulness and Relaxation**: Use meditation, deep breathing, or grounding exercises to help manage stress.
- **Take Regular Breaks**: Schedule short breaks throughout the day to reset mentally and physically.
- **Seek Supervision or Counseling**: Regularly consult with a supervisor or therapist for guidance and emotional processing.
- **Stay Physically Active**: Engage in regular exercise to reduce stress and improve overall health.
- **Prioritize Sleep and Nutrition**: Maintain a healthy diet and sleep routine to support emotional resilience.
- **Engage in Hobbies and Enjoyable Activities**: Dedicate time to activities that bring joy and relaxation outside of work.
- **Recognize Signs of Burnout:** Learn to identify symptoms of compassion fatigue and address them early.
- **Advocate for a Supportive Work Environment**: Encourage workplace policies that promote mental health, such as manageable caseloads and access to wellness programs.

For resources, see Appendix H.

Summary

Case managers working with refugees and migrants play a crucial role in guiding individuals and families through the challenges of resettlement. The case manager must ensure clients receive the necessary support to rebuild their lives. The journey begins with conducting comprehensive needs assessments and intake processes, prioritizing urgent concerns such as housing, health care, and legal assistance. A deep understanding of immigration policies and legal pathways is essential, as many clients require help navigating documentation, asylum claims, and/or work authorization. Additionally, case managers assist with securing stable housing, employment, and educational opportunities, ensuring that clients have access to basic needs and creating long-term stability. Case Managers may connect clients with language classes, job training programs, and community services to facilitate integration and self-sufficiency. Effective communication is crucial for case managers. Collaborating with interpreters helps ensure clear, respectful, and accurate exchanges, fostering trust, minimizing misunderstandings, and truly centering the client's needs.

Beyond logistical support, case managers must be well-versed in trauma-informed care, as many refugees and migrants have experienced displacement, violence, or loss. Case Managers must provide culturally sensitive and empathetic services while maintaining professional boundaries. Advocacy is also a crucial component of the role, whether in ensuring access to social services, protecting clients from discrimination, or informing others about the needs of refugee and migrant communities. Effective case management requires strong communication skills, crisis intervention capabilities, and the ability to build partnerships with local organizations and service providers. Finally, self-care and professional development are essential for case managers to sustain their work without burning out. By combining knowledge, empathy, empathy, and advocacy, case managers empower refugees and migrants to navigate the challenges of resettlement and build fulfilling independent lives period

Appendix

Resources

Appendix A

Helpful toolkits and resources to support clinical case management:

- Medical health resource: Clinical Guidelines | Immigrant Health Toolkit
- Immigrant health toolkit: https://downloads.aap.org/AAP/PDF/cocp_toolkit_full.pdf?_gl=1*8g9u4e*_ga*MTYxNTAyODExOC4xNzQwNTM5OTgz*_ga_FD9D3XZVQQ*MTc0MDUzOTk4Mi4xLjEuMTc0MDU0MDEwMi4wLjAuMA
- Refugee Suicide Prevention Training Toolkit: Refugee Suicide Prevention Training Toolkit - Refugee Health TA
- Immigration clinician toolkit: Immigration Toolkit: Displacement, Trauma and Mental Health Among Migrant Youth and Their Families
- Sample intake assessment: Brief Intake-Assessment
- Sample comprehensive assessment: Comprehensive Assessment
- Sample brief service plan: Immediate Needs Service Plan
- Sample comprehensive service plan: Comprehensive Service Plan
- Sample comprehensive case management reassessment: Comprehensive Case Management Reassessment
- Sample case conference form: Case Conference Form

Helpful templates

- Case management note template: Case-Management-Note-Template.pdf
- Case Management resources: Written-Resource-Comprehensive-Case-Management-Onboarding-Guide_REV.docx
- Housing resources: Sample Housing Onboarding Guide - Switchboard
- Resource guide about matching grant programs for refugees: Sample Matching Grant Onboarding Guide - Switchboard
- Layout template for case management documentation: Case management documentation template
- Refugee Health Assessment sample template: Refugee Health Assessment Template
- Fillable case management service plan: Case Management Service Plan
- Child protection case management forms: Introduction to Child Protection Case Management Forms.pdf
- Case management toolkits and guides: Case Management - Switchboard
- Trauma-informed care in case management webinar: Trauma-Informed Care in Case Management - Switchboard

- Homeless referral guidelines: https://www.onecpd.info/onecpd/assets/File/housingsearch/Homeless%20Program%20Referral%20Guidelines_v3_May09.doc
- Housing assessment template: https://www.onecpd.info/onecpd/assets/File/housingsearch/Housing%20Assessment%20Template_v3_May09.doc
- Mainstream resources checklist: https://www.onecpd.info/onecpd/assets/File/housingsearch/Mainstream%20Resources%20Checklist_v2_Aug06-1.doc
- Mutual expectations agreement: https://www.onecpd.info/onecpd/assets/File/housingsearch/Mututal%20Expectations%20Agreement_v2_Aug06.doc
- Tenant Housing Services Contract: https://www.onecpd.info/onecpd/assets/File/housingsearch/Tenant%20Housing%20Services%20Contract_v2_Aug06.doc
- Individual service plan: https://www.onecpd.info/onecpd/assets/File/housingsearch/Individual%20Service%20Plan_v2_Aug06.doc
- Monthly budget worksheet: https://www.onecpd.info/onecpd/assets/File/housingsearch/Monthly%20Budget%20Worksheet_v2_Aug06.xls

Appendix B

Case managers note templates:

- Sample caseworker visit template: Caseworker Visit Template
- Sample case notes: Case Note Sample Narratives
- Guide for writing effective case notes: EffectiveCaseNoteGuideforProvidersFY20.pdf
- Billing guide for case consultation: Claiming for Case Consultation

Appendix C

Skills and techniques:

- Course: Summary of Introduction to Case Management for Refugee Service Providers
- Practical guide to working with refugees webinar: Practical Guide to Working with Refugees: Skills, Techniques, and Considerations - Switchboard
- Case management issue brief: https://mathematica.org/~/media/publications/pdfs/labor/case_management_brief.pdf
- Case management manual: Case Management Manual

Appendix D

Working with Interpreters resources:

- Module: Introduction to Working with Interpreters - Switchboard

- Scripts for Working with Interpreters - Switchboard
- Banner Health Plans: prov-bhp_working-with-interpreters-best-pract_en.ashx
- Think Cultural: Working Effectively with an Interpreter
- Dos and Don'ts: Guidelines for Clinicians Working with Interpreters in Mental Health: DosANDDonts_V5_4-22-14.pdf
- "Working with interpreters: tools for clinicians conducting psychotherapy with forced immigrants" article: https://www.researchgate.net/publication/254191696_Working_with_interpreters_Tools_for_clinicians_conducting_psychotherapy_with_forced_immigrants
- "A Guide to Understanding Interpreting and Translation in Health Care": Whats_in_a_Word_Guide.pdf

Appendix E

Ethical obligations:

- Professional code of conduct for case managers: Code of Professional Conduct for Case Managers FINAL 2023.pdf
- Case management practice standards: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwiFtZqb6-KLAxVXEFkFHfMPCZI4ChAWegQIJhAB&url=https%3A%2F%2Fwww.yournacm.com%2Ffile_download%2Fe4995a98-0d00-4779-ba18-1beb8df8e669&usg=AOvVaw1i5N8dSGg2ohZtjV2UDdnY&opi=89978449

Mandated reporting guidelines:

- Fundamentals of Mandatory Reporting: A Guide for Refugee Service Providers in the U.S.: Written20Resource20-20Mandatory20Reporting2028Info20Guide29.pdf
- Mandated reporter training: Mandated Reporter Training
- Child Abuse: Child Abuse Reporting Requirements | Texas DSHS
- Duty to Warn: Mental Health Professionals' Duty to Warn
- Reporting guidelines for case managers: To Report or Not to Report? Mandatory Reporting and Duty to Warn for Case Management – Ellen's Interprofessional Insights
- The Basics of Mandated Reporting
- Mandatory+Reporter+Laws+by+State.pdf
- FAQ about mandated reporting: mandated_reporting_v1
- What is a mandated reporter: What is a Mandated Reporter?
- Mandatory reporting laws: Mandatory Reporting Laws - StatPearls - NCBI Bookshelf

Appendix F

Successful case management articles:

- Defining case management success: a qualitative study of case manager perspectives from a large-scale health and social needs support program - PubMed by Margae Knox 1, Emily E Esteban 2, Elizabeth A Hernandez 2, Mark D Fleming 3, Nadia Safaeinilli 3, Amanda L Brewster 3

- Case Management Programs for Improving Integrated Care for Frequent Users of Healthcare Services: An Implementation Analysis | International Journal of Integrated Care by Catherine Hudon, Maud-Christine Chouinard, Mathieu Bisson, Astrid Brousselle, Mireille Lambert, Alya Danish, Charo Rodriguez, Véronique Sabourin

Appendix G

Case closure forms:

- Case closure summary form: Case Closure Form
- Exit interview/discharge summary: 3.18-Case-Closure-Packet.pdf

Appendix H

Self-care resources:

- Article: Self-Care and Wellbeing from the Inside Out - Center for Victims of Torture
- Webinar: "When Helping Hurts: Self-Care Strategies for Refugee Community Leaders & Service Providers"
- Self-Care Tips for Case Managers | Commission for Case Manager Certification (CCMC)
- Self-Care Toolkit
- Tips for Healthcare Professionals: Coping with Stress and Compassion Fatigue
- Self-Care Tips for Healthcare Professionals - Saint Mary's University of Minnesota
- Healthcare worker burnout & self-care

Appendix I

Sample case management intake forms:

Case Management Assessment Form (CMA)

Purpose: Determine the need for case management services and level of services needed.

Client Name: _____ Date of Screening: _____

DOB: _____ Phone: _____

Email: _____@_____.com

Medical Coverage

1. Are you covered under Medicaid or any medical insurance provider? Yes or No
   If Yes List Coverage and ID number _____
2. Do you need help getting medical care or deductions paid for? Yes or No
3. Any problems, limitation(s), or restrictions with your current coverage? Yes or No
4. How is your immediate health? _____
5. Are you currently experiencing any symptoms or disabilities? Yes or No
   If yes, what? _____
6. How recent have you seen your medical provider(s)?Date: _____ For: _____
7. Primary Care Doctor: _____Phone: _____
8. Are you currently taking any prescription(s)? _____
   _____
9. Does anyone in your family have needs that affect your ability to get healthcare and stay healthy? Yes or No If yes, how? _____
10. Do you have a steady source of emotional support from family and friends? Yes or No
11. Is there a need for family planning? Yes or No
12. Are you and your children immunization(s) up to date? Yes or No
13. Diagnosis: _____

Presenting Problem(s)/Immediate Needs

1. Do you or your family members need help with any urgent or immediate problems?

   _____

   _____

Other Case Management Providers(s)

1. What other agencies are you working with? Yes or No
   If yes where: _____
2. Is this agency meeting your needs? Yes or No

Language/Citizenship

1. Are you a US Citizen or documented resident? Yes or No
   If not, do you need help with immigration issues? Yes or No

2. Can you understand English? Yes or No
3. Can your complete forms in English? Yes or No
4. Do you find it easier to have assistance from a translator? Yes or No
5. Preferred Language? _____

Housing

1. Do you own or rent? $_____ rent $_____Mortgage _____other
2. Do you have any problems with current housing? _____
3. Do you need assistance paying rent? Yes or No
4. Is your home safe and stable? Yes or No If no, why? _____
5. Is your home in good repair, with adequate furniture and working appliances? Yes or No
   If no, why? _____
6. Number of persons living in the home:_____

_____

_____

Income and Benefits

1. Do you have a steady source of income right now? Yes or No
   If Yes Where? _____
2. Does your income meet your basic expenses? Yes or No
3. Do you receive SNAP or any other financial resources? Yes or No
   Which _____ Amount _____ Which _____ Amount _____
4. Do you need any help applying for or keeping your benefits? Yes or No

   If yes Which? _____ _____ _____

Incarceration/Substance Use/ Abuse

1. Are you on parole or probation? Yes or No
2. Any outstanding warrants, summons, cases pending? Yes or No
3. Do you or someone you live with currently use or in the process of quitting any substance use (For example: alcohol, smoking, any form of drugs (illegal/legal)? Yes or No

Transportation

1. Do you have a vehicle or other forms of transportation to get to where you need to go? Yes or No
2. Do you need help with transportation to medical appointments? Yes or No

Emotional Status

1. Can the family come to an agreement on decisions without anyone getting upset?

Yes or No

2. Is the families' behavior as such, which will require a professional to help assist with decision making? Yes or No

Skills to be addressed and/or developed

1. What area would you like to improve? _____
   _____
2. Can the client perform daily functions/life skills without assistance? Yes or No
3. What skills does the client have that are positive? _____
   _____
4. What does the client enjoy doing? _____
5. What does the client view as positives within his/her life? _____
6. What are client's Weakness, Skills to be addressed or developed_____

   _____

Level of functioning

1. How is your physical functioning i.e., vision, hearing, speech impairment, walking, and use of hand(s) & arm(s)? _____
2. How are your personal care skills [toileting, personal hygiene, eating, and dressing self]?)
   _____
3. Where does client work or attend school? _____

Goals

1. What would the client like to gain from receiving services? _____
   _____
2. What would the client like to accomplish within the next three months? _____
   _____
3. What would the family members like to see happen as a result of services provided?
   _____

Community Involvement/Relationships with others

1. Are you a member of a church? Yes or No
   If yes where? _____
2. Are you involved in any community organizations? Yes or No
   If yes where? _____
3. Do you have friends? Yes or No
4. Are part of any social groups/organizations? Yes or No
   If yes where? _____

SNAP

Strengths: _____

Needs: _____

Abilities: _____

Preference: _____

Target population

	Individuals with Intellectual and Related Disabilities		Adults with Functional Impairments
	At-Risk Children		Individuals with Sensory Impairments
	Adults with Serious and Persistent Mental Illness		Individuals with Head and Spinal Cord Injuries and Related Disabilities
	At-Risk Pregnant Women and Infants		Individuals At-Risk for Genetic Disorders
	Individuals with Psychoactive Substance Disorders		

Recommend Agency Services:

	Transportation		Family Therapy		Financial services		Crisis Management
	BMod		Individual Therapy		Health Services		
	Mental Health		Couples Therapy		Employment services		
	Judicial Services		MTCM		Family Support		

Comment(s)/ Observation(s) concerning assessment: _____

_____

_____ _____ _____

CASE MANAGER PRINT NAME CASE MANAGER SIGNATURE DATE

_____ _____ _____

CLIENT/PARENT PRINT NAME CLIENT/PARENT SIGNATURE DATE

4

Source: https://www.leadswayts.com/wp-content/themes/leadswayna117/pdf/CMA-Form.pdf

CASE MANAGEMENT INTAKE AND REFERRAL FORM

Thank you for requesting the services of this agency. We understand that not all of the information asked for on this form may be available at the time of the referral. Nevertheless, please fill out as completely as possible.

Date: _____

CLIENT INFORMATION

Client's Name _____ Also Known As: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Age: _____ Race: _____

Birth Place (if known): _____ Religion: _____ U.S. Citizen: ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widow/Widower Name of Spouse: _____

SSN: _____ - _____ - _____ Primary Language: _____ County of Residence: _____

Current Location: _____

Current/Previous Occupation _____

If facility, admission date: _____ Phone: _____

HOW DID YOU HEAR ABOUT LSF?

Category (check the appropriate one): ☐ Nursing Home/ALF ☐ Hospital ☐ State Agency

☐ Home Health ☐ Law Enforcement ☐ Court ☐ Other

Name of Agency: _____

Contact Person: _____

INFORMATION OF PERSON COMPLETING FORM

Name: _____

Relationship to Client: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Reason why Case Management is needed

MEDICAL

Primary Physician: _____ Telephone: _____

Address: _____

Specialist: _____ Telephone: _____

Address: _____

Specialist: _____ Telephone: _____

Address: _____

Psychiatrist: _____ Telephone: _____

Address: _____

Diagnosis: _____

Prognosis: _____

Long Term Plan: _____

Allergies: _____

Medical History: _____

Mental Status / Level of Functioning: _____

LEGAL/ESTATE PLANNING Attach copies (if available)

Client's Attorney: _____ Phone Number: _____

Power of Attorney: ☐ Yes ☐ No

Name of POA: _____ Contact Number: _____

Address of POA: _____

Is there a Health Care Surrogate: ☐ Yes ☐ No ☐ Unknown

Name of HCS: _____ Contact Number for Surrogate: _____

Address of Surrogate: _____

Does client have a will: ☐ Yes ☐ No ☐ Unknown Location: _____

Is there a trust? ☐ Yes ☐ No ☐ Unknown Location: _____

Name of Trustee: _____ Contact Number: _____

Address of Trustee: _____

Advanced Directives: ☐ Yes ☐ No ☐ Unknown Location: _____

Is there a living will? ☐ Yes ☐ No ☐ Unknown Location:

_____

Are there burial plans? ☐ Yes ☐ No

With whom and Contact Number: _____

FINANCIAL

Monthly Income: SS $_____ SSI $ _____ SSDI $ _____ Pension $_____

Annuities _____ VA $_____ Veterans ID: _____

INSURANCE

Medicare No.: _____ Medicaid No.: _____ Other Insurance: _____

ASSETS / PROPERTY (Including Property, Bank Accounts/Trusts/Automobiles/Life Insurance, etc.)

Real Estate: ☐ Yes ☐ No Location: _____ Approx. Value: $ _____

Automobile: ☐ Yes ☐ No How Titled: _____ Approx. Value: $ _____

Investments: Type: _____ Approx. Value: $ _____

Bank Accounts:

Name of Bank: _____ Approx. Value: $ _____

Address: _____ Telephone: _____

Name of Bank: _____ Approx. Value: $ _____

Address: _____ Telephone: _____

DEBTS:

Mortgage: $_____ Credit Cards: $_____ Car Loans: $_____

Medical Bills: $_____ Other Debt: $_____

RESIDENCE

Permanent Address: _____

Anyone Living with Client? ☐ Yes ☐ No Name: _____

Relationship: _____ Telephone: _____

FAMILY/SIGNIFICIANT OTHERS:

Name: _____

Address: _____

Relationship: _____ Telephone: _____

Name: _____

Address: _____

Relationship: _____ Telephone: _____

Name: _____

Address: _____

Relationship: _____ Telephone: _____

Name: _____

Address: _____

Relationship: _____ Telephone: _____

COMMUNITY RESOURCES INVOLVED WITH CLIENT:

Agency: _____ Contact Person: _____

Address: _____ Telephone: _____

Agency: _____ Contact Person: _____

Address: _____ Telephone: _____

Agency: _____ Contact Person: _____

Address: _____ Telephone: _____

ADDITIONAL COMMENTS:

Source: https://www.lsffamilyfocus.org/wp-content/uploads/2023/10/Case-Management-Referral-Form.pdf

Intake Form: Newcomer Educational and Professional Background

This intake form helps service providers collect key information about individuals' personal, educational, and professional backgrounds. It is intended to guide support in areas like career development, credential evaluation, and education. Completing the form should take about 10–15 minutes. After completing the form, make sure to gather the relevant documentation the client can access.

Note: This form is intended to be used as a template and customized to align with your program's unique needs and specific compliance requirements. This document should not be regarded as a complete compliance tool for any particular grant or program. Please refer to your agency's cooperative agreements for program-specific requirements.

PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Phone Number: _____ Email Address: _____

Country of Origin: _____ Date of Arrival: _____

Immigration Status: _____ Work Authorized: ☐ Yes ☐ No

EDUCATIONAL BACKGROUND

Select all that apply:

- ☐ **High School Diploma *or equivalent*** ☐ U.S. Institution ☐ Non-U.S. Institution
- ☐ **Associate's Degree *or equivalent*** ☐ U.S. Institution ☐ Non-U.S. Institution
- ☐ **Bachelor's Degree *or equivalent*** ☐ U.S. Institution ☐ Non-U.S. Institution
- ☐ **Master's Degree *or equivalent*** ☐ U.S. Institution ☐ Non-U.S. Institution
- ☐ **PhD *or equivalent terminal degree*** ☐ U.S. Institution ☐ Non-U.S. Institution
- ☐ Other Professional Certificates ☐ U.S. Institution ☐ Non-U.S. Institution
- ☐ Training Courses or Certificates obtained in refugee camp setting

Description of Education: _____

_____

_____

Details of Last Educational Institution Attended:

Name of Institution: _____

Country: _____

Degree/Certification Earned: _____

Field of Study: _____

Year of Graduation: _____

Professional Certifications (e.g., PMP, CPA, etc.):

Certification Name:_____

Issuing Organization:_____

Country:_____ Year Issued:_____

Do you have any documents that confirm your educational background (diplomas, transcripts, etc.)?

☐ Yes ☐ No – *If no, can you request transcripts from your institution?* ☐ Yes ☐ No

In what format are these documents?

☐ Hard copies ☐ Digital copies

If you have hard copies, are they currently with you in the U.S.?

☐ Yes ☐ No ☐ No, but I could obtain them

☐ Not applicable (I only have digital copies)

Are your education documents in English or another language? *(Documents must be translated if used for credential evaluation.)*

☐ Documents are in English

☐ Documents are in another language

Have you taken an English Placement Exam?

☐ Yes – *If yes, which exam did you take (e.g., TOEFL, IELTS, etc.):*_____

☐ No

WORK EXPERIENCE

Do you have a resume or CV?

☐ Yes ☐ No

Most Recent Job Title:_____

Employer Name:_____

Country:_____

Years of Experience in This Role:_____

Brief Description of Duties and Responsibilities:_____

_____

_____

Additional Relevant Work Experience

Job Title:_____

Employer Name:_____

Country:_____

Years of Experience in This Role:_____

Brief Description of Duties and Responsibilities:_____

_____

Job Title: _____

Employer Name:_____

Country:_____

Years of Experience in This Role:_____

Brief Description of Duties and Responsibilities:_____

_____

Job Title: _____

Employer Name:_____

Country:_____

Years of Experience in This Role:_____

Brief Description of Duties and Responsibilities:_____

_____

Skills

What skills have you gained from previous jobs, volunteer work, or personal projects? *(Examples: auto repair, project management, problem-solving, digital skills)*_____

_____

List any skills related to working with people. *(Examples: teamwork, customer service, leadership)*

_____

_____

Describe any domestic or manual skills you've developed. *(Examples: agricultural skills, sewing, caretaking, cooking)*_____

_____

Other Skills:_____

_____

CREDENTIAL EVALUATION AND RECOGNITION

Have you had your educational credentials evaluated in the U.S.?

☐ Yes *If yes, by which organization?*_____

☐ No If no, are you interested in having your credentials evaluated? ☐ Yes ☐ No ☐ Maybe

What is your purpose of obtaining a credential evaluation? *(Check all that apply.)*

☐ Higher Education

☐ Employment

☐ Professional Re-Licensure

☐ Other:_____

Are you aware of funding options for credential evaluations?

☐ Yes ☐ No

Do you need assistance in finding financial aid or scholarships?

☐ Yes ☐ No

NEXT STEPS

What are your career or professional goals?_____

_____

What type of support do you need to achieve your career goals? *(Check all that apply.)*

☐ Credential Evaluation

☐ Professional Licensing

☐ Job Search Assistance

☐ Further Education Guidance

☐ English Language Training

☐ Other:_____

Are you interested in further education?

☐ Yes ☐ No ☐ Maybe

*If yes, what field of study are you interested in?*_____

ADDITIONAL SUPPORT AND RESOURCES

Would you like to be connected with career coaching services?

☐ Yes ☐ No

Would you like information on local organizations that support refugees?

☐ Yes ☐ No

Any other support or information you need?_____

_____

_____

_____

CONSENT

By signing below, I consent to the collection and use of my personal information for the purpose of providing resettlement services and support.

Signature:_____ Date:_____

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Source: Written-Resource-Career-Pathways-Intake-Form.docx

RMTAC

Resource & eMpowerment Technical Assistance
Center for Behavioral Health

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