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| Date of U.S. tie discussion |  |

**U.S. TIE (RELATIVE/FRIEND) ASSESSMENT FORM (Afghan Placement & Assistance Program)**

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| ***Use of this form is optional.*** This *U.S. Tie Assessment Form* is intended to be completed by resettlement staff with the U.S. tie relative(s) or friend(s), preferably through a face-to-face interview. The attached *Assistance Agreement Form* may be completed by both the U.S. tie and the agency. These forms help to assess the extent of resources available from the U.S. tie relative(s) or friend(s). During the interview, resettlement staff should keep in mind the resettlement core service requirements. If the U.S. tie relative(s) or friend(s) is/are not able or willing to assist or provide any particular service, it is the resettlement program’s responsibility to ensure all services are fully provided. The U.S. tie’s responses will have no bearing on the arrival of this case. |

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| **Principal Applicant Information** |
| PA’s Name |  |  | Case No. |  |  | Case Size |  |
|  |
| Date of Arrival *(if unknown, put “unknown”)* |  |
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| **U.S. Tie Relative/Friend (Anchor) Information** |
| U.S. tie Relative/Friend’s Name |  | DOA in the USA |  |
| Address |  |
| City |  | State |  | ZIP |  |
| Phone #1 |  | Phone #2 |  |  |
|  |
| **Update U.S. tie’s Address (if necessary)** |
| If the U.S. Tie’s address is different from the biodata info, line out the old address above **~~like this~~**, and give the new address here: |
| Address |  |
| City |  | State |  | ZIP |  |
| Phone #1 |  | Phone #2 |  |  |
|  |
| **U.S. Tie’s Relationship to PA** |
|  |  | Relative |  |  | Friend  |  |
|  |
| If a friend: How does the U.S. tie know this case, and for how long? |
|  |
|  |
| When was the last time the U.S. tie was in contact with this case? |
|  |
|  |
| **Family Information** |
| Will the case live with the U.S. tie? |  | Yes |  |  | No |
| If YES: | For how long?  |  |  |  |  |
|  | How many people live with the U.S. tie’s family? |  | Adults |  | Children |
|  | How many bedrooms does the U.S. tie’s apartment/house have? |  |  |  |  |
|  | What is the monthly housing cost (rent & utilities)? | $ |  |  |  |  |
|  |
| If NO: | Does the U.S. tie need the resettlement agency to find a place for this case to live? |  | Yes |  | No |
|  | If no, where does the U.S. tie plan to accommodate the case? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Will the U.S tie be able to contribute towards housing? |  | Yes |  | No |
|  |
| Rent: How much per month? | $ |  | For how long? |  |  |
|  | Other type of contribution (*circle)* | Utilities | Furnishings | Food |
| **Employment & Financial Resources** |
| Is the U.S. tie employed? |  | Yes |  | No | How long has U.S. tie been employed at this job? |  |
| Are others in U.S. tie household working? |  | Yes |  | No | If yes, how many are employed? | F/T |  | P/T |  |
| Check off all other current sources of household income:  |
|  |  | Unemployment |  | SSI |  | Public Cash Assistance |  | Match Grant |  | Pension |  | Other |

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| **Evaluation** *(to be completed by Agency staff)* |
| Considering the information recorded in this *Assessment Form* and the attached *Assistance Agreement Form*, is there anything that might impact the U.S. tie’s ability to assist the case? If so, please describe here: |
|  |
|  |
| **Though the U.S. tie’s personal involvement is encouraged, does the U.S. tie understand it is the agency’s responsibility** |
| **to ensure all required services and assistance are provided?**  |  | Yes |  | No |
|  |
| *(Please check one box*) |
|  |  | This U.S. tie relative/friend is willing and able to assist the resettlement of this case at a substantial level. |
|  |
|  |  | This U.S. tie relative/friend is capable of providing limited assistance to this case, and the agency staff should expect  |
|  | to provide most required services. |
|  |
|  |  | This U.S. tie relative/friend is not capable of providing the services necessary to provide support, and the agency staff will  |
|  | provide all services. |
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|  |  | Additional community support may be required to assist this case. |
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| **Additional Comments and Impressions** |
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| Name & Signature of Agency Representative |  | Position/Job Title |
|  |  |  |
|  |  |  |
| Signature of Agency Representative |  | Date |
|  |  |  |
|  |  |  |
| Interpreter’s Name (if applicable) |  | Date |
|  |  |  |
| This *Assessment Form* is for internal use only. The *Assistance Agreement Form* on the next page should be completed by both the U.S. tie and the agency. |  |  |

**U.S. TIE RELATIVE/FRIEND ASSISTANCE AGREEMENT FORM**

*Dear Relative / Friend:*

Our agency has received word that your relative/friend – who is currently overseas – may be admitted to the U.S. in the coming months. As soon as we have more detailed information about the possible Date of Arrival, we will contact you.

In the meantime, for our agency to fully assess the extent of resources available for the resettlement of the case named below, please think carefully about the resources you – as the case’s relative or friend – are able to contribute, and let resettlement agency staff know to what extent you can assist in providing the following services or basic necessities. If you should have difficulty fulfilling any part of this agreement, please coordinate with agency staff, who will work with you in providing the required core services to your relative or friend.

***NOTE:*** *This local resettlement agency and the U.S. Conference of Catholic Bishops/Office of Migration & Refugee Services are not directly involved in the process of granting refugee status to individuals for eventual admission to the United States, or in determining the timeframe in which they might arrive.*

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| --- | --- | --- | --- | --- | --- | --- | --- |
| PA’s Name |  |  | Case No. |  |  | Case Size |  |
|  |
| Date of Arrival *(if unknown, put “unknown”)* |  |
|  |

This form was completed ☐ in person ☐ over the phone with the relative/friend listed on the *U.S. Tie Assessment Form*.

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| **Note to staff:** Please indicate who will provide each of the following resettlement services by checking the appropriate box(es) on each line (more than one box may be checked). |

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| AffiliateAgency | U.S. tie (relative/ friend) | Other (volunteer, etc.) |  |
|  |  |  | meet the case at the airport and transport to housing – if applicable |
|  |  |  | provide acceptable housing for at least 30 days |
|  |  |  | provide food or food allowance for at least 30 days |
|  |  |  | provide clothing and other necessities for at least 30 days |
|  |  |  | provide furniture and household items |
|  |  |  | help apply for Social Security cards within seven days of arrival |
|  |  |  | help clients to access a refugee health screening within 30 days |
|  |  |  | register children at school (if applicable) within 30 days of arrival |
|  |  |  | help adults enroll in English language training |
|  |  |  | assist with orientation to the community (cultural orientation) |
|  |  |  | help adults prepare for, and obtain, work |
|  |  |  | provide transportation to required appointments, and job training/interviews |
|  |  |  | maintain contact with resettlement agency during service period (30-90 days) |
|  |  |  | assist in the collection of necessary documents |

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| Name & Signature of U.S. tie (if completed by phone, write “phone discussion”) |  | Date |
|  |  |  |
| Name & Signature of Interpreter (if applicable) |  | Date |
|  |  |  |
|  |  |  |
| Name & Signature of Agency Representative |  | Date |
|  |  |  |
| ***One copy of this page to Relative/Friend – One copy to Case File*** |  |  |