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**Flexible Placement Service Plan**

*Affiliate staff must complete this form when an APA case is placed more than 100 miles from the resettlement agency.*

*Note that the placement cannot be outside of the state. A completed copy of this document must be placed in the case file.*

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| **Local agency name and address** |  |

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| --- | --- | --- | --- |
| **Principal Applicant’s Name** | | | **Case Size** |
|  | | |  |
| **Parole/Eligibility Date** | **Date of Arrival at Final Destination** | **Case Number** | |
|  |  |  | |
| **Country of Origin** | **Ethnicity** |  | |
| Afghanistan |  |  | |

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| **Why does the agency plan to resettle this case outside of the 100-mile radius service area?** |
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| **How far (in miles) is the local agency from the case’s placement address?** |  |

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| **Is case reuniting with a relative/friend?** | YES  NO |
| **If YES, what is the relative/friend’s relationship to the P.A.?** | Immediate family (mother, father, child, or grandparent)  Other relative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Friend or former work colleague |
| **Case’s housing situation**  **🗹 Check all that apply** | Local agency staff will assist case to locate own housing  Case will locate own housing without agency assistance  Case will live with relative/friend for limited period  Case will live with relative/friend for indefinite period |
| **Case’s placement address** |  |
| **Address of relative/friend (if applicable)** |  |
| **Phone number(s) of relative/friend**  **(if applicable)** |  |
| **Email address(es) of relative/friend**  **(if applicable)** |  |
| **Agency staff have contacted relative/friend and completed Relative/Friend Assessment Form?** |  |

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| --- | --- |
| **Home Visits:** Visit each case in person or virtually within 48 hours of arrival at final destination, or within 48 hours of assurance for APA post-arrival/walk-in cases. Then, complete a second visit by 30 days after arrival at final destination. If either or both of the home visits is completed virtually, USCCB recommends a video call instead of an audio-only call. | |
| **Initial home visit within 48 hours of arrival at final destination**  **🗹 Check all that apply** | Home visit was completed on: \_\_\_\_\_\_\_\_ (see HV form in file)  Home visit will be completed on: \_\_\_\_\_\_\_  In person home visit  Virtual home visit:  audio only  audio & video |
| **2nd home visit within 30 days of arrival at final destination**  **🗹 Check all that apply**  ***Note:*** *If initial home visit was virtual, PRM strongly recommends that this visit be completed in person.* | Home visit was completed on: \_\_\_\_\_\_\_\_ (see HV form in file)  Home visit will be completed on: \_\_\_\_\_\_\_  In person home visit  Virtual home visit:  audio only  audio & video |

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| **Availability of, access to, and delivery of services near the case’s resettlement address**  *Please provide a detailed response for each item. If any service will be provided virtually, this must be clearly noted below.* | |
| **Medical Services** |  |
| **Employment Services** |  |
| **K-12 education, if applicable** |  |
| **English language instruction programs, as appropriate** |  |
| **Cultural Orientation delivery** |  |
| **Other social service providers, including but not limited to government welfare offices** |  |
| **Transportation access (bus, car, etc.)** |  |

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| **Has the APA service plan document (see APA-03) been completed separately for each case member and placed in the case file?** | YES  NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Authorized name (print)** |  | **Authorized signature** |  | **Date** |  |