

INSTRUCTIONS FOR THE DHR/MORA RAP 15

COMPLETE THIS FORM WHEN OPENING AND CLOSING A SERVICE AND WHENEVER THERE IS A CHANGE IN INFORMATION (check the appropriate box).

PRINT ALL INFORMATION CLEARLY.

IDENTIFICATION INFORMATION:

Client Name: Enter the name of the person receiving service, last (family) name first. Fill out a separate form for each person receiving service.
Alien Number: Enter the alien number of the client (Numbers starting with A3 are not refugees).
Social Security Number: Enter the social security number of the client.
Address: Enter the address of the client's home residence.
Zip Code: Enter the zip code of the client's home residence.

BIO-DEMOGRAPHIC INFORMATION:

Arrival Date: Enter the date of arrival into the U.S. by month, day and year. For Asylees, enter date asylum was granted;
County of Origin: Enter the name of the country of which the client is a citizen.
Volag Initials: Enter the initials of the sponsoring agency using the list below. (Can be found on I-94 card.)

CCRC	Catholic Charities, Refugee Center		
IRC	International Rescue Committee		
JCS	Jewish Community Service (Baltimore)	O	Other, specify
JSSA	Jewish Social Services Agency (Montgomery Co.)	N	No Volag
LSS/NCA	Lutheran Social Services of the National Capital Area	U	Unknown, if unknown, find out and enter later

County of Residence: Enter the code number of the county (from the list below) in which the client resides.

01 Allegany	05 Caroline	09 Dorchester	13 Howard	17 Queen Anne's	21 Washington
02 Anne Arundel	06 Carroll	10 Frederick	14 Kent	18 Saint Mary's	22 Wicomico
03 Baltimore Co	07 Cecil	11 Garrett	15 Montgomery	19 Somerset	23 Worcester
04 Calvert	08 Charles	12 Harford	16 Prince George's	20 Talbot	24 Baltimore City

Gender: Check the appropriate box the sex of the client.
Birthdate: Enter the Birthdate of the client by month, day, and year. (Note: D.O.B is mo/day/year on I-94 card)
Marital Status: Enter the marital status according to the following code:
M) Married S) Single D) Divorce P) Separated W) Widowed
Language (s) Spoken Enter the Primary, Secondary and Other Language spoken by the client
Interpreter Needed Check Yes or No
Employment Status: Enter the code of the client's employment status:
1) Employed 2) Unemployed employable 3) Unemployed unemployable (temporarily)
Education Level: Enter the code of the client's education level at the time of initial assessment.
1) 0 Years 2) 1-6 years 3) 7-11 years 4) HS Grad/Some College 5) College Grad/+
U) Unknown

SERVICE INFORMATION: REGISTRATION/TERMINATION DATES:

Provider Number: Enter the number of the provider agency.
Service Information: Enter the date (by month, day, and year) that the client began receiving service. Enter the information for each service is receiving. At closing, enter the closing date for each service that is being closed.
Closing Reason: Enter the code for the closing reason.
00 Objective achieved **17** Client requested to terminate service **40** Client dropped ESL to take job
04 Client moved away **18** Dropped/Stopped attending classes **20** Client refugee to cooperate
99 Other
Other Services: Enter the name of additional services not specified.
 Sign and date form.

A CASE will be considered "closed" if a 90th day retention is reported; or if there was no contact with the client or any indication of service provided to the client for 60 continuous days. The date of closure shall be the last date of activity or contact.

SUBMIT FORMS MONTHLY VIA EMAIL OR MAIL IT TO:

Ella Zabrovsky
 Maryland Office for Refugees and Asylees
 311 West Saratoga Street, Room 209
 Baltimore, Maryland 21201
 e-mail address: ezabrovs@dhr.state.md.us