



ORANGE COUNTY LOCAL PARTNERSHIP AGREEMENT

UNIVERSAL REFERRAL PROCESS

QUARTERLY SURVEY

Pilot Site: _____ Date: _____

Pilot Site Lead Contact: _____ Phone Number: _____

Person Completing the Survey: _____ Agency: _____

Partners: Check all that apply and write in additional partners.

DOR: _____ RCOC: _____ One-Stop: _____

Education Agency: _____

Service Provider: _____ Service Provider: _____

Other: _____

Directions: Check Yes or No for each Universal Referral Process Element. Please include comments, as needed. At the bottom, please include any suggestions for the URP Pilot Program.

| # | URP Elements | Yes | No | NA | Comments: |
|----|--|-----|----|----|-----------|
| 1 | Participated in Partnership Efforts | | | | |
| 2 | ✓ email | | | | |
| 3 | ✓ calls/conference calls | | | | |
| 4 | ✓ face-to-face meetings | | | | |
| 5 | Utilized Person Driven Planning | | | | |
| 6 | Worked with Family Member/Conservator | | | | |
| 7 | Accessed Services for Individual | | | | |
| 8 | ✓ new services | | | | |
| 9 | ✓ enhanced services | | | | |
| 10 | Encountered agency roadblocks | | | | |
| 11 | ✓ regulations | | | | |
| 12 | ✓ organization procedures | | | | |
| 13 | Work Experiences Identified | | | | |
| 14 | Employment Secured for Individual | | | | |
| 15 | Identified Best Practices | | | | |
| 16 | Identified Issues/Concerns with Partner Agencies | | | | |
| 17 | Translation Needs | | | | |
| 18 | Redirected Costs | | | | |
| 19 | Shared Costs Across Agencies | | | | |
| 20 | Seen Improved Services | | | | |

Suggestions: _____
