



ORANGE COUNTY LOCAL PARTNERSHIP AGREEMENT

UNIVERSAL REFERRAL PROCESS

QUARTERLY SURVEY (Individual with a Disability & Family Member)

Pilot Site: _____ Date: _____
Your Name: _____ (Contact Information Optional)
Phone Number: _____ E-Mail: _____

Service Agencies: Check all that apply and write in additional service agencies providing employment & support services.

DOR: ____ RCOC: ____ One-Stop: ____
School: _____ Community College: _____
Service Provider: _____ Service Provider: _____
Other: _____

Directions: Put a check mark next to the sentences you agree with. Please include any comments or suggestions on the back of this page.

1. Person-Centered Planning

- At my meeting, I had the opportunity to:
- ___ share information about my goals
 - ___ ask questions
 - ___ get answers to my questions in a way I understood
 - ___ make decisions about my goals and services.

2. Communication

- I spoke with agencies about my employment goals and services:
- ___ by email
 - ___ over the phone
 - ___ in person at a meeting

3. Knowledge

- I have a better understanding of:
- ___ the agencies that can help me with my employment goals
 - ___ the types of services available to me
 - ___ my employment options

4. Services

- ___ The agencies are helping me with all of my employment service needs.
- ___ I going to get new or better services to help me get a job.
- ___ There were problems with getting the services I need.
- ___ I have concerns about my services.
- ___ I'm not getting the services I need.

5. Work

- ___ I participated in an internship, work experience, or volunteer opportunity.
- ___ I am going to school to help me get a job.
- ___ I got a job.

Comments/Suggestions: _____

