

# ORANGE COUNTY LOCAL PARTNERSHIP AGREEMENT

## UNIVERSAL REFERRAL PROCESS

### MONTHLY FEEDBACK SHEET

Pilot Site: \_\_\_\_\_ Date: \_\_\_\_\_  
 Pilot Site Lead Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**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				

**Suggestions:** \_\_\_\_\_

\_\_\_\_\_

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