

Program Name: _____ **Location:** _____

1. Nomination Process (check all that apply)

____ Internal Nomination ____ OFA (Federal Project Officer) ____ OFA (Regional Office)

____ Field (Agency) ____ Field (Other: _____) ____ Lit review

2. Framework Placement

____ Intake ____ Case Management

3. Evidence Assessment

____ Promising Practice (3) - has outcome evaluation(s) with positive results

____ Common Practice (2) - widespread approach in the field (at least 5 cities) with practice evidence (e.g., reduced caseload)

____ Innovative Practice (1) - a new/novel program that suggests success based upon theory or practice experience

____ Other evidence of success: _____

4. Service Information - key program features (not all programs will/should have all features; N/A is not applicable)

a) Are staff trained to implement the procedure?	Yes (1)	No (0)	Unknown	N/A
b) Are new staff trained?	Yes (1)	No (0)	Unknown	N/A
c) Is training offered on new initiatives?	Yes (1)	No (0)	Unknown	N/A
d) Are staff trained when changes or updates are made in procedures?	Yes (1)	No (0)	Unknown	N/A
e) Do staff have time to implement the procedure?	Yes (1)	No (0)	Unknown	N/A
f) Is there support to implement the procedure from agency administration?	Yes (1)	No (0)	Unknown	N/A
g) Is there infrastructure support to implement the procedure?	Yes (1)	No (0)	Unknown	N/A
h) Are qualified staff implementing the procedures? Specify level of education:	Yes (1)	No (0)	Unknown	N/A
i) Are staff following the procedural guidelines?	Yes (1)	No (0)	Unknown	N/A

j) Are staff evaluated on procedural compliance?	Yes (1)	No (0)	Unknown	N/A
k) Is staff performance tracked and recorded?	Yes (1)	No (0)	Unknown	N/A
l) Are case procedures tracked and recorded?	Yes (1)	No (0)	Unknown	N/A
m) Are clients staffed by multi-disciplinary teams?	Yes (1)	No (0)	Unknown	N/A
n) Are families involved in client staffing?	Yes (1)	No (0)	Unknown	N/A
o) Are forms/services translated into necessary languages?	Yes (1)	No (0)	Unknown	N/A
p) Are staff able to communicate in their clients' language?	Yes (1)	No (0)	Unknown	N/A
q) Are staff using protocols that are valid for the task (e.g., assessments)?	Yes (1)	No (0)	Unknown	N/A
r) Is the application integrated (i.e., TANF and Food Stamps)?	Yes (1)	No (0)	Unknown	N/A
s) Are staff assigning clients to correct eligibility categories?	Yes (1)	No (0)	Unknown	N/A
t) Are staff linking clients to services?	Yes (1)	No (0)	Unknown	N/A

u) Is the personal responsibility of the client emphasized (i.e., self-sufficiency form)? Yes (1) No (0) Unknown N/A

v) Are services co-located? Yes (1) No (0) Unknown N/A

w) Are clients given follow-up services? Yes (1) No (0) Unknown N/A

Additional Features:

TOTAL POINTS: _____ POSSIBLE POINTS: _____ PERCENTAGE: _____

5. Recommendation

____ Spotlight on Success (case study) ____ Program Highlights (program blurb) ____ Do not highlight

6. Notes
