

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

____ Work Attachment ____ Work Retention ____ Transitional Services

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) Does the practice lead to an increase in the work participation rate?	Yes (1)	No (0)	Unknown	N/A
b) Are clients connected to jobs?	Yes (1)	No (0)	Unknown	N/A
c) Are clients afforded on-the-job training?	Yes (1)	No (0)	Unknown	N/A
d) Are clients provided with skills upgrade training?	Yes (1)	No (0)	Unknown	N/A
e) Are clients given support in their job (e.g., EAP, job coaching)?	Yes (1)	No (0)	Unknown	N/A
f) Is eligibility for TANF cash assistance re-assessed?	Yes (1)	No (0)	Unknown	N/A
g) Is employability reassessed?	Yes (1)	No (0)	Unknown	N/A
h) Is eligibility for other services re-assessed?	Yes (1)	No (0)	Unknown	N/A
i) Are clients referred to additional government services (e.g., transportation)?	Yes (1)	No (0)	Unknown	N/A

j) Do clients obtain access to these services? Yes (1) No (0) Unknown N/A

k) Are clients given support in accessing these services (e.g., contact information or application forms)? Yes (1) No (0) Unknown N/A

l) Are clients connected to community- or faith-based services? Yes (1) No (0) Unknown N/A

m) Are post-TANF services (e.g., one-time emergency cash assistance, clothing) provided? Yes (1) No (0) Unknown N/A

n) Are services provided in a culturally competent fashion? Yes (1) No (0) Unknown N/A

o) Are services responsive to the needs of the clients? Yes (1) No (0) Unknown N/A

p) Is the personal responsibility of the client emphasized (e.g., self-sufficiency form)? 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
