**I&A Service Delivery and Recording Scoring Sheet**

**Agent Name: Call ID #: Call Date:**

|  |  |  |
| --- | --- | --- |
| Data Collection\*Required field on Referral & Assistance Calls\*\* Required on all calls | Required field-2 pts Other- 1 pt | Note |
| Recorded Caller\*\* |  |  |
| Recorded Method of Contact\*\* |  |  |
| Recorded Referral Source\*\* |  |  |
| Recorded Non-Consumer \* (if applicable)  |  |  |
| If existing record, did not create a duplicate consumer |  |  |
| Recorded Name\*\*(anonymous if caller refused) |  |  |
| Recorded Phone Number\* |  |  |
| Recorded DOB\* |  |  |
| Recorded Address |  |  |
| Recorded County\*\* |  |  |
| Recorded Zip\*\* |  |  |
| Recorded Age\* |  |  |
| Recorded Gender\*\* |  |  |
| Recorded Income Information |  |  |
| Recorded Race\* |  |  |
| Recorded Ethnicity\* |  |  |
| Recorded Lives With |  |  |
| Recorded Household Size |  |  |
| Recorded Relationship Status |  |  |
| Recorded Urban/Rural |  |  |
| Recorded Veteran status\* |  |  |
| Recorded English Fluency |  |  |
| Recorded Primary Language |  |  |
| Recorded Functionally Impaired |  |  |
| Recorded Need |  |  |
| Recorded Referrals |  |  |
| Total Points Scored - Demographics |  |  |
| Service Delivery: |  Yes/No |  |
| Specialist offered 3 referrals per need (when available).  |  |  |
| Referrals provided were appropriate to need. |  |  |
| Caller met referred programs’ eligibility requirements (based on demographic, geographic, & income recorded). |  |  |
| Needs recorded reflect those captured in narrative. |  |  |
| Call outcome/type is appropriate to the level of service delivery. |  |  |
| Narration Standards | Yes/No |  |
| Specialist’s narration is clear, and allows for adequate follow-up.  |  |  |
| Specialist did not narrate opinions/speculations. |  |  |
| Specialist avoided excessive use of acronyms in narration. |  |  |
| Narration aligns with recorded needs & referrals on call. |  |  |
| Narration written within 3 business days of encounter |  |  |

1. Did not meet minimum standard 2. Partially met standard 3. Met standard
2. Provided services above level of standard 5. Far exceeded standard

Name of person reviewing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of review:\_\_\_\_\_\_\_\_\_\_