

Employment Services
QUALITY ASSURANCE REVIEW SUMMARY

ISE ESA GSE CBE TTE CPR

QUALIFIED VENDOR NAME: _____

CONTACT PERSON NAME: _____ QUALIFIED VENDOR PHONE NUMBER: _____

QUALIFIED VENDOR MAILING ADDRESS: *(No., Street)* _____

CITY _____ STATE _____ ZIP CODE _____

PHYSICAL SITE ADDRESS: *(No., Street)* _____

CITY _____ STATE _____ ZIP CODE _____

QUALIFIED VENDOR E-MAIL ADDRESS: _____

DDD REVIEWER NAME: _____

DATE OF REVIEW: _____ REVIEWER PHONE NUMBER: _____

PROGRAM STRENGTHS:

RECOMMENDATIONS:

Employment Services QUALITY ASSURANCE REVIEW SUMMARY

Targeted Concerns	Action / Follow-up	Person(s) Responsible	Est. Time Frame for Completion	Date Completion Verified

REVIEWER'S SIGNATURE: _____ REVIEWER'S TITLE: _____ DATE: _____

AGENCY REPRESENTATIVE'S SIGNATURE: _____ REPRESENTATIVE'S TITLE: _____ DATE: _____

Routing: Original - Vendor, Copy - Employment Specialist

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DES esta disponible a solicitud del cliente.