

ATTACHMENT A – SAMPLE QUALITY ASSURANCE FORM

SERVICE GROUP E – DISCRETE SERVICES VETERANS NAME _____ REFERRAL # _____					
QUALITY OF SERVICES – CONTRACTOR:			YES	NO	N/A
Services provided were consistent with the terms and expectations of the contract.					
Evidence of a counseling relationship between the Contractor and the Veteran in addressing the Veteran’s needs and facilitating the provision of services.					
Appointments with the Veteran were well-documented and reflect provision of appropriate and substantive services in accordance with the terms of the contract.					
Justification of any “NO” responses above:					
Corrective Action Needed:					
Timeliness of Performance					
Contact made within specified timeframes					
Reports delivered within specified timeframes					
Overall Rating of Work:			1 Poor	2 Fair	3 Good
				4 Above Average	5 Excellent
Quality of Services					
Timeliness of Performance					
Deliverable Accepted – Proceed to Invoice Yes _____ No _____			Date		
Reviewer’s Signature			Date		