

**Virginia Department of Social Services
LDSS QSR Reviewer Sign Up**

Name:		Locality:	
Job Title:		Work Address:	
E-mail address:			
Work Phone:		Cell Phone:	

Do you have any foreign language skills that would allow you to translate in your interviews? If so, please specify.

In the past ten years have you been employed by an LDSS other than your current employer? If so, please list here.

Is there any other information you want us to consider as we assign you to a review?

Please have your supervisor fill out the box below indicating their approval of your participation as a QSR Reviewer.

I have read the above information and give my consent for _____ to serve as a Reviewer for the Quality Service Review. I understand the process to become a Reviewer as follows:

- Attend a two-day training session
- Participate in two QSR case reviews. During these reviews I understand that Reviewers will be out of the office and unavailable.

Name _____ Signature _____ Date _____

Please direct questions and completed forms to Mary Nedell at
Mary.Nedell@dss.virginia.gov or fax to 804-726-7895.