DSHS WASHINGTON STATE Department of Social and Health Services

Division of Vocational Rehabilitation
Community Rehabilitation Program (CRP)

SDOR: Service Delivery Outcome Report

AFP Number

DVR Customer	Social Security Number (last four digits) XXX-XX-
CRP Contractor	CRP Representative's Name
DVR Counselor	Total Cost $

CRP Service Category

- ☐ Trial Work Experience
- ☐ Community Based Assessment
- ☐ Job Shadow
- ☐ Informational Interview
- ☐ Discovery Services
- ☐ Customized Job Placement Services
- ☐ Job Placement Services
- ☐ Intensive Training Services
- ☐ Job Retention Services
- ☐ Youth Extended Services
- ☐ Off-Site Psycho-Social – NON-SE
- ☐ Off-Site Psycho-Social – SE

Timelines (overall SDOP)

From: To:

Dates of this Reporting Period:

From: To:

Pre-Employment Transition Services CRP Service Category

- ☐ Pre-ETS: Informational Interview
- ☐ Pre-ETS: Job Shadow
- ☐ Pre-ETS: Work-Based Learning: ☐ A ☐ B ☐ C
- ☐ Pre-ETS: Workplace Readiness Training: ☐ A ☐ B ☐ C
- ☐ Pre-ETS: Workplace Readiness Training D – Stand Alone

Type of Report

- ☐ Intake Report
- ☐ Job Placement Activity Report
- ☐ Discovery Activity Report
- ☐ DDCS DVR Intensive Job Placement Quarterly Update
- ☐ Outcome Report
- ☐ Monthly Update

Level of Service for:

- ☐ Level 1
- ☐ Level 2
- ☐ Level 3
- ☐ Level 4

Type of CRP Service Bonus Payments (check all that apply)

- ☐ Permanent Employment Bonus
- ☐ High Wage Bonus – Non-Supported Employment
- ☐ Rapid Placement Bonus
- ☐ Rural Area Bonus – Employer Location
- ☐ Healthcare Coverage Bonus
- ☐ High Wage Bonus – Supported Employment
- ☐ Rural Area Bonus – Customer Location

Report

This document is only for reporting purposes. Invoices must be created in a separate document, signed and dated (per CRP/IL contract), and submitted with this Service Delivery Outcome Report.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (Revised Code of Washington 5.05.050)

CRP REPRESENTATIVE'S SIGNATURE	DATE