DSHS
WASHINGTON STATE
Department of Social and Health Services

Division of Vocational Rehabilitation (DVR)
Independent Living Services (IL)

Contractor Employee(s) to Provide IL Services and Service(s) Approved

Organization's Legal Name	DBA (if any)

Use additional copies of this form, if needed, to list current or new employees and the services they are approved or requested to provide.

List existing Employees currently approved by DVR to provide IL Services and what services they are approved to provide. Employees approved through the current contract do **not** need to resubmit current resume and educational transcripts.

First Name	Last Name	IL Evaluations	IL Skills Training	IL Work-Related Systems Access	IL Pre-ETS Self Advocacy Training
		☐	☐	☐	☐
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List NEW Employees to be reviewed and approved to provide IL Services and mark the services you request them to provide. Please include: 1) a current resume; and 2) official educational transcripts for each new employee to be reviewed.

First Name	Last Name	IL Evaluations	IL Skills Training	IL Work-Related Systems Access	IL Pre-ETS Self Advocacy Training
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		☐	☐	☐	☐
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I certify under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, that I commit to the proposed services fee(s) throughout the life of this contract and that I will notify DSHS of any changes in statement.

Signature of Person Completing Form Date	Printed Name and Title
Email	Telephone Number (include area code)