DSHS WASHINGTON STATE Department of Social and Health Services

DIVISION OF VOCATIONAL REHABILITATION (DVR)
SERVICE DELIVERY OUTCOME REPORT (SDOR)
INDEPENDENT LIVING SERVICES (IL)

SDOR: IL Services

DVR CUSTOMER	AFP NUMBER
	SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) **XXX-XX-**
IL CONTRACTOR	IL REPRESENTATIVE'S NAME
DVR COUNSELOR	RATE ☐ Hourly ☐ Flat / HOURS BILLED / TOTAL COST **$**

IL SERVICE CATEGORY

- ☐ IL Work Related Systems Access
- ☐ IL Skills Training
- ☐ IL Comprehensive Evaluation
- ☐ IL Partial Evaluation

PRE-ETS (PRE-EMPLOYMENT TRANSITION SERVICES) IL SERVICE CATEGORY

- ☐ Pre-ETS: IL Self-advocacy

TIMELINES (OVERALL SDOP)

From: To:

☐ Monthly Update

Dates of this Reporting Period: From: To:

REPORT

his 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 5.50.050)

IL REPRESENTATIVE'S SIGNATURE	DATE