

DIVISION OF VOCATIONAL REHABILITATION (DVR)  
COMMUNITY REHABILITATION PROGRAM (CRP)  
**Service Delivery Outcome Report**

AFP NUMBER

DVR CUSTOMER		SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) <b>XXX-XX-</b>	
CRP NAME		CRP REPRESENTATIVE	
DVR COUNSELOR		TOTAL COST \$	
CRP SERVICE CATEGORY <input type="checkbox"/> Vocational Evaluation Services <input type="checkbox"/> Intensive Training Services <input type="checkbox"/> Trial Work Experience <input type="checkbox"/> Job Retention Services <input type="checkbox"/> Community Based Assessment <input type="checkbox"/> Off-Site Psycho-Social – NON-SE <input type="checkbox"/> Job Placement Services <input type="checkbox"/> Off-Site Psycho - SE		TIME LINES (OVERALL PLAN) From:                      To: Dates of this Reporting Period: From:                      To:	
PRE-EMPLOYMENT TRANSITION SERVICES CRP SERVICE CATEGORY <input type="checkbox"/> Pre-ETS: Informational Interview <input type="checkbox"/> Pre-ETS: Work-Based Learning A <input type="checkbox"/> Pre-ETS: Job Exploration <input type="checkbox"/> Pre-ETS: Work-Based Learning B <input type="checkbox"/> Pre-ETS: Job Shadow <input type="checkbox"/> Pre-ETS: Work-Based Learning C <input type="checkbox"/> Pre-ETS: Social Skills <input type="checkbox"/> Pre-ETS: Workplace Readiness Training A <input type="checkbox"/> <input type="checkbox"/> Pre-ETS: Workplace Readiness Training B <input type="checkbox"/> <input type="checkbox"/> Pre-ETS: Workplace Readiness Training C			
TYPE OF REPORT <input type="checkbox"/> Intake Report <input type="checkbox"/> Job Placement Activity Report <input type="checkbox"/> Outcome Report		LEVEL OF SERVICE FOR: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> N/A	
REPORT			
This document is only for reporting purposes. Invoices must be created in a separate document 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 9A.72.085)			
CRP REPRESENTATIVE'S SIGNATURE		DATE	