



DIVISION OF VOCATIONAL REHABILITATION (DVR)  
INDEPENDENT LIVING SERVICES (IL)

# Service Delivery Outcome Report

AFP NUMBER

DVR CUSTOMER		SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) <b>XXX-XX-</b>	
IL CONTRACTOR'S NAME		IL REPRESENTATIVE	
DVR COUNSELOR		RATE <input type="checkbox"/> Hourly <input type="checkbox"/> Flat	TOTAL COST \$
IL SERVICE CATEGORY <input type="checkbox"/> IL Work Related Systems Access <input type="checkbox"/> IL Comprehensive Evaluation <input type="checkbox"/> IL Skills Training <input type="checkbox"/> IL Partial Evaluation			
PETS (PRE-EMPLOYMENT TRANSITION SERVICES) IL SERVICE CATEGORY <input type="checkbox"/> PETS: IL Comprehensive Evaluation <input type="checkbox"/> PETS: IL Work-Related Systems Access <input type="checkbox"/> PETS: IL Partial Evaluation <input type="checkbox"/> PETS: IL Self-advocacy Training <input type="checkbox"/> PETS: IL Skills Training <input type="checkbox"/> PETS: IL Peer Mentoring			
TIME LINES (OVERALL PLAN)			
From:	To:	Dates of this Reporting Period: From:	To:
REPORT			
<p>This document is only for reporting purposes. Invoices must be created in a separate document and submitted with this Service Delivery Outcome Report.</p> <p>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)</p>			
IL REPRESENTATIVE'S SIGNATURE			DATE