



DIVISION OF VOCATIONAL REHABILITATION (DVR)  
 INDEPENDENT LIVING SERVICES (IL)  
 PRE-EMPLOYMENT TRANSITION SERVICES (PETS)

**PETS Peer Mentoring**  
 Service Delivery Outcome Plan

AFP NUMBER
------------

DVR CUSTOMER	SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) <b>XXX-XX-</b>	IL CONTRACTOR	IL REPRESENTATIVE'S NAME
OVERALL TIME LINES From:            To:	PROGRESS UPDATE INTERVALS		

IL SERVICE CATEGORY  
 IL PETS: Peer Mentoring

NUMBER	EXPECTED OUTCOME	PURCHASE AND PAYMENT CRITERIA	COST (\$)
	<p><b>DVR will be provided an individualized written report in language that addresses the student directly, and provided to both the student and DVR VRC</b> which details all service delivery activity provided to assist DVR Customer to reach Peer Mentoring goals.</p> <p>Peer Mentoring includes individual student mentoring from individuals with disabilities who have transitioned from secondary school to post-secondary education and/or employment in competitive integrated employment. Activities include developing goals for the mentor-mentee-relationship, exploring challenges such as independence, decision-making, community building, post-secondary education, employment, etc.</p>	<p>Payment of \$72 per hour for up to _____ hours upon receipt and approval of IL Provider invoice and written report containing the information set forth under, "Expected Outcome."</p> <p>Billable hours are considered hours of direct service delivery to the client and not include report writing time.</p> <p>Travel time at a fixed rate of \$35 per hour in quarter-hour increments if service delivery occurs more than fifty (50) miles from the nearest Contractor's staffed office location.</p> <p><b>Reports should be written in language that addresses the student directly, and provided to both the students and DVR VRC.</b></p> <p>Reports should identify: 1) all service delivery activity, as identified in the DVR SDOP for IL Self-Advocacy; 2) dates and hours of all activities provided; 3) name of the Contractor's staff person providing services; 4) results achieved by the client as identified in the SDOP; and 5) specific recommendation, if any, for further services.</p>	

CUSTOMER SIGNATURE	DATE	IL SIGNATURE	DATE	DVR SIGNATURE	DATE	TOTAL
						\$

**Signature by each party indicates agreement to the contents of this plan.**