



DIVISION OF VOCATIONAL REHABILITATION  
INDEPENDENT LIVING SERVICES CONTRACT  
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 REQUEST 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 |
|------------|-----------|--------------------------|--------------------------|--------------------------------|
|            |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>       |
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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.

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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 service fee(s) throughout the life of this contract and that I will notify DSHS of any changes in statement.*

Signature of Person Completing Form:

Phone:

Printed Name and Title:

Email:

Date:        /        /