

DIVISION OF VOCATIONAL REHABILITATION (DVR)

Contractor Checklist for Pre-ETS Contract Payments

CONTRACTOR'S NAME		
CONTRACTOR CIVALNIL		
OONTDAOT NUMBER	MONTH OF OFFICE	
CONTRACT NUMBER	MONTH OF SERVICE	
NAME OF EMPLOYEE COMPLETING CHECKLIST		
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A.	Pre-Event Action Steps		
1.	Date roster was submitted to DVR		
2.	Date of event		
3.	Date services were coordinated with DVR		
	DVR vetted or approved curricula used?		NO
	Post-Event Invoice Information		
2.3.4.5.	Fully completed and signed consent forms obtained for each participant? Sign-in sheets are present and complete for each training? Student names on the roster and sign-in sheet match? Sign-in sheets correspond to each student for dates and hours of each event? As noted in the sign-in sheet: Community Group setting did not exceed 1:5 ration per supervising adult?	 	NO
6.	School or Contractor's setting did not exceed 1:15 ratio per supervising adult?	. 🔲 🔃	Ш
C.	Reports with Invoice Information		
1.	Monthly outreach and recruitment activities summary is included (Outreach, Recruitment, and Coordination)?	YES	NO
2.	Student evaluations are included for workplace readiness training, work-based learning and/or paid work-based learning?	. 🗆	
3.	Billing submitted to DVR by the 15th day after the month of service?	. 🗌	

Provide a brief explanation if NO was the response to any of the above questions. Please reference the specific section and number:

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