

Service Delivery Outcome Report

AFP NUMBER

DVR CUSTOMER	SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) XXX-XX-
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"/> Youth Extended Services <input type="checkbox"/> Discovery Services <input type="checkbox"/> Off-Site Psycho-Social – NON-SE <input type="checkbox"/> Customized Job Placement Services <input type="checkbox"/> Off-Site Psycho – SE <input type="checkbox"/> Job Placement Services	TIMELINES (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: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Pre-ETS: Job Shadow <input type="checkbox"/> Pre-ETS: Workplace Readiness Training: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Pre-ETS: Workplace Readiness Training D – Stand Alone	
TYPE OF REPORT <input type="checkbox"/> Intake Report <input type="checkbox"/> Outcome Report <input type="checkbox"/> JPS or Discovery Activity Report <input type="checkbox"/> Monthly Update <input type="checkbox"/> Bonus Payment Request: Type(s) of bonus requested	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	
<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 5.05.050)</p>	
CRP REPRESENTATIVE'S SIGNATURE	DATE