Washington State Department of Social & Health Services
Transforming lives

DIVISION OF VOCATIONAL REHABILITATION (DVR)
COMMUNITY REHABILITATION PROGRAM (CRP)

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

- ☐ Vocational Evaluation Services
- ☐ Trial Work Experience
- ☐ Community Based Assessment
- ☐ Job Placement Services
- ☐ Intensive Training Services
- ☐ Job Retention Services
- ☐ Off-Site Psycho-Social – NON-SE
- ☐ Off-Site Psycho - SE

TIME LINES (OVERALL PLAN)

From: To:

Dates of this Reporting Period:

From: To:

PRE-EMPLOYMENT TRANSITION SERVICES CRP SERVICE CATEGORY

- ☐ Pre-ETS: Informational Interview
- ☐ Pre-ETS: Job Exploration
- ☐ Pre-ETS: Job Shadow
- ☐ Pre-ETS: Social Skills
- ☐ Pre-ETS: Work-Based Learning A
- ☐ Pre-ETS: Work-Based Learning B
- ☐ Pre-ETS: Work-Based Learning C
- ☐ Pre-ETS: Workplace Readiness Training A
- ☐ Pre-ETS: Workplace Readiness Training B
- ☐ Pre-ETS: Workplace Readiness Training C

TYPE OF REPORT

- ☐ Intake Report
- ☐ Outcome Report
- ☐ Job Placement Activity Report
- ☐ Monthly Update

LEVEL OF SERVICE FOR:

- ☐ Level 1
- ☐ Level 2
- ☐ Level 3
- ☐ Level 4
- ☐ N/A

REPORT

This document is only for reporting purposes. Invoices must be created in a separate document and submitted with this Service Delivery Outcome Report.

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)

CRP REPRESENTATIVE'S SIGNATURE	DATE