



DIVISION OF VOCATIONAL REHABILITATION (DVR)  
INDEPENDENT LIVING SERVICES (IL)

# Service Delivery Outcome Report

AFP NUMBER

DVR CUSTOMER	SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) <b>XXX-XX-</b>		
IL CONTRACTOR'S NAME	IL REPRESENTATIVE		
DVR COUNSELOR	<table style="width:100%; border:none;"> <tr> <td style="width:60%; border:none;">RATE <input type="checkbox"/> Hourly <input type="checkbox"/> Flat</td> <td style="width:40%; border:none;">TOTAL COST \$</td> </tr> </table>	RATE <input type="checkbox"/> Hourly <input type="checkbox"/> Flat	TOTAL COST \$
RATE <input type="checkbox"/> Hourly <input type="checkbox"/> Flat	TOTAL COST \$		
IL SERVICE CATEGORY <input type="checkbox"/> IL Work Related Systems Access <input type="checkbox"/> IL Comprehensive Evaluation <input type="checkbox"/> IL Skills Training <input type="checkbox"/> IL Partial Evaluation			
PRE-ETS (PRE-EMPLOYMENT TRANSITION SERVICES) IL SERVICE CATEGORY <input type="checkbox"/> Pre-ETS: IL Comprehensive Evaluation <input type="checkbox"/> Pre-ETS: IL Work-Related Systems Access <input type="checkbox"/> Pre-ETS: IL Partial Evaluation <input type="checkbox"/> Pre-ETS: IL Self-advocacy Training <input type="checkbox"/> Pre-ETS: IL Skills Training <input type="checkbox"/> Pre-ETS: IL Peer Mentoring			
TIME LINES (OVERALL PLAN) From:                      To:                                      Dates of this Reporting Period: From:                      To:			
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 9A.72.085)			
IL REPRESENTATIVE'S SIGNATURE	DATE		