

Service Delivery Outcome Report

AFP NUMBER

DVR CUSTOMER	SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) XXX-XX-	
IL CONTRACTOR'S NAME	IL REPRESENTATIVE	
DVR COUNSELOR	RATE <input type="checkbox"/> Hourly <input type="checkbox"/> Flat	TOTAL COST \$

IL SERVICE CATEGORY

IL Work Related Systems Access IL Comprehensive Evaluation

IL Skills Training IL Partial Evaluation

PRE-ETS (PRE-EMPLOYMENT TRANSITION SERVICES) IL SERVICE CATEGORY

Pre-ETS: IL Self-advocacy / Peer Mentoring

TIME LINES (OVERALL PLAN)

Monthly Update

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 [5.50.050](#))

IL REPRESENTATIVE'S SIGNATURE	DATE
-------------------------------	------