

DIVISION OF VOCATIONAL REHABILITATION (DVR) INDEPENDENT LIVING (IL) SERVICE PROVIDER PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS)

Page or
AFP NUMBER

Service Delivery Outcome Plan: IL Pre-ETS Self-Advocacy Training

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DVR CUSTOMER	IL CONTRACTOR	IL REPRESENTATIVE'S NAME			
SERVICE DELIVERY DATES	PROGRESS REPORTS REQUIRED				
From: To:	The contractor shall provide monthly progress up	odates to be submitted to the VCR in an SDOR.			

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NUMBER	EXPECTED OUTCO	ME	PARTY RESPONSIBLE	PURCHASE AND PAYMENT CRITERIA	COST (\$)
	Pre-Employment Transition Services IL activities are intended to help a student as specified below. Student training areas may include: Problem-solving strategies Assertiveness training Strategies for exercising civil rights Self-determination strategies		IL Provider Student VRC	Fee per hour is \$85.00 for up to hours. Outcome fee paid to Contractor upon receipt of invoice and outcomes achieved as described in the Service Delivery Outcome Report (SDOR). Fee is based on direct student activities, and does not include report writing time. SDOR must be written directly to the student, and provided to both the student and DVR VRC.	\$
	Specific Self-Advocacy training goals fo include:	Student First Name	IL Provider Student VRC	Report must include: (1) IL Provider representative name (2) Dates and hours of all activities (3) Evidence of student skill gains in identified training areas (4) Specific recommendations for further student exploration and experience Transportation Expenses if authorized by VRC: Travel Time: Paid upon receipt of invoice and a written report on the Service Delivery	\$
	Student will participate in all IL Self-Adv and will attend all scheduled meetings. DVR counselor is responsible for approven consistent with the customer's vocational	ving that services are	Student DVR	Outcome Report (SDOR) documenting distance driven, beginning time and arrival time at destination at the rate of \$37 per hour billed in 15 minute increments if actual service delivery occurs more than 50 miles from CRP's	
	includes discussing considerations for c safety that may be inconsistent with cert any factors that may require additional of	ustomer health and ain kinds of work, and		nearest staffed office location. Mileage: Paid upon receipt of invoice and a written report on the Service Delivery Outcome Report (SDOR) documenting beginning address, destination address, and number of miles being billed. Mileage will be paid at the current state rate determined by the Office of Financial Management.	\$

IL provider is responsible for ensuring that any services provided in-person include protocols for health and safety, including any protocols for minimizing the spread of COVID-19. Customers are encouraged to speak with both IL provider and DVR counselor if they have any concerns about the health and safety risks of the site where they receive services. If the customer feels unsafe, they may let their IL provider or their DVR counselor know what is making them feel unsafe.	IL Provider Customer	Other Transportation Expenses: Such as Ferry System, toll fares, etc. will be paid upon receipt of invoice, receipts, and a written report on the Service Delivery Outcome Report (SDOR) documenting the reason for the expense.	\$
CUSTOMER / LEGAL GUARDIAN SIGNATURE DATE IL SIGNATURE	DATE	DVR SIGNATURE DATE	TOTAL \$

Signature by each party indicates agreement to the contents of this plan.