

## DIVISION OF VOCATIONAL REHABILITATION (DVR)

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	VICE DELIVERY	OUTCOME PLAN (S	DOP)	AFP NUMBER	
DVR CUSTOMER	CRP CONTRACT			CRP REPRESENTATIVE'S NAME	
SERVICE DELIVERY DATES From: To:		PORTS REQUIRED	are required and mu	st be submitted to the VRC on a	n SDOR.
EXPECTED OUTCOME		PARTY RESPONSIBLE	PURCHASE	AND PAYMENT CRITERIA	COST (\$)
<ul> <li>Job Shadow is service that facilitates a one to five-hour at a business in the community. The job shadow should at a business or organization not related / connected to own agency.</li> <li>Specific CRP services include: <ul> <li>Developing the Job Shadow site(s) based on Custo</li> <li>Helping Customer prepare questions for the employ</li> <li>Helping Customer plan appropriate grooming</li> <li>Helping Customer plan transportation</li> <li>Accompany Customer to the site(s)</li> <li>Helping Customer prepare and deliver a follow-up r employer</li> <li>Post-Job Shadow debriefing with Customer</li> </ul> </li> </ul>	l be located the CRP's mer interests /er	CRP Customer VRC	hours per job shadow. is \$1340, or up to 10 he Outcome fee paid to C invoice and outcomes Service Delivery Outco Fee is based on direct include report writing ti	ow is \$134 per hour for one to five Maximum payment for each SDOP ours of Job Shadow. ontractor upon receipt of signed achieved as described in the me Report (SDOR). Customer activities and does not	\$
Specific areas of interest identified by Student First N	Name:		1) CRP representative	e name	
<ol> <li>Enter interest area</li> <li>Enter interest area</li> <li>Enter interest area</li> </ol>			and disliked about	f all activities r's experiences and what they liked each job shadowed idations for further Customer	
Customer will participate in all Job Shadow activities an all scheduled meetings. DVR Counselor is responsible for ensuring VR services consistent with the Customer's vocational assessment; discussing considerations for Customer health and safe be inconsistent with certain kinds of work.	are this includes	Customer DVR	exploration and exp Transportation Exper Travel Time: Paid upor written report on the Se (SDOR) documenting of arrival time at destination paid at a fixed rate of \$ increments if service do		\$

CRP provider is responsible for ensuring the Customer understands any health and safety risks associated with each specific employment setting and/or service delivery site, and that the Customer is adequately trained to mitigate those risks.		P Mileage: Paid upon receipt of signed 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.	\$
Customers are encouraged to speak with their CRP provider, DVR Counselor, and/or employer if they feel unsafe and/or have any concerns about the health and safety risks at the site where they receive services. It is the employer's responsibility under Washington state law to provide a safe workplace.		stomerOther Transportation Expenses: Such as Ferry System, toll fares, etc. will be paid upon receipt of signed invoice, receipts, and a written report on the Service Delivery Outcome Report (SDOR) documenting the reason for the expense.	\$
CUSTOMER / LEGAL GUARDIAN SIGNATURE DATE	CRP SIGNATURE	DATE DVR SIGNATURE DATE	TOTAL \$

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