Washington State Department of Social & Health Services
Transforming lives

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

Service Delivery Outcome Plan: Pre-ETS IL Skills Training

AFP NUMBER

DVR CUSTOMER	IL CONTRACTOR	IL REPRESENTATIVE'S NAME

SERVICE DELIVERY DATES From: To:	STAFFING INTERVALS

NUMBER	EXPECTED OUTCOME	PARTY RESPONSIBLE	PURCHASE AND PAYMENT CRITERIA	COST ($)
	Pre-Employment Transition Services IL Skills Training activities are intended to help a student gain independent living skills as listed below. Student training areas may include: • Use of transportation services; • Decision-making; • Money management; • Use of communication access services; • Organizational abilities; • Social and interpersonal relationships; • Time management; • Accessing community resources & benefit programs; • Self-care; • Self-protection; • Attendant management.	**IL Provider** **Student** **VRC**	**MAXIMUM TOTAL OUTCOME FEE:** Fee per hour is $72.00 for up to hours. Outcome fee paid to Contractor upon receipt of invoice and outcomes achieved as described in the Service Delivery Outcome Report (SDOR). Fee is based on direct student activities, and does not include report writing time. SDOR must be written directly to the student, and provided to both the student and DVR VRC. Report must include: (1) IL Provider representative name; (2) Dates and hours of all activities; (3) Evidence of student skill gains in identified training areas (4) Specific recommendations for further student exploration and experience.	**$**
	Specific IL Skills Training goals for **Student First Name** include:	**IL Provider** **Student** **VRC**	Travel time at a fixed rate of $35 per hour in quarter-hour increments if service delivery occurs more than fifty (50) miles from the contractor's nearest staffed office location.	**$**
	Student will participate in all IL Skills Training activities, and will attend all scheduled meetings.	**Student**		

CUSTOMER / GUARDIAN SIGNATURE DATE	IL SIGNATURE DATE	DVR SIGNATURE DATE	TOTAL **$**

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