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|  | DIVISION OF VOCATIONAL REHABILITATION (DVR)  INDEPENDENT LIVING SERVICES (IL)  **Contracted Employee(s) to Provide IL Services and Service(s) Approved** | | | | | |
| Organization’s Legal Name | | | DBA (if any) | | | |
| Use additional copies of this form, if needed, to list current or new employees and the services they are approved or requested to provide. | | | | | | |
| **List existing Employees currently approved by DVR to provide IL Services and what services they are approved to provide.** Employees approved through the current contract do **not** need to resubmit current resume and educational transcripts. | | | | | | |
| First Name | | Last Name | IL Evaluations | IL Skills Training | IL Work-Related Systems Access | IL Pre-ETS Self Advocacy Training |
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| **List NEW Employees to be reviewed and approved to provide IL Services and mark the services you request them to provide.** Please include: 1) a current resume; and 2) official educational transcripts for each new employee to be reviewed. | | | | | | |
| First Name | | Last Name | IL Evaluations | IL Skills Training | IL Work-Related Systems Access | IL Pre-ETS Self Advocacy Training |
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| I certify under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, that I commit to the proposed services fee(s) throughout the life of this contract and that I will notify DSHS of any changes in statement. | | | | | | |
| Signature of Person Completing Form Date | | | Printed Name and Title | | | |
| Email | | | Telephone Number (include area code) | | | |