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| Transforming Lives | DIVISION OF VOCATIONAL REHABILITATION (DVR)  INDEPENDENT LIVING SERVICES (IL)  **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  Hourly  Flat | | HOURS BILLED | 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 | | | | | |
| TIME LINES (OVERALL PLAN)  Monthly Update  From:  To: Dates of this Reporting Period: From:  To: | | | | | |
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| 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](https://app.leg.wa.gov/RCW/default.aspx?cite=5.50.050)) | |
| IL REPRESENTATIVE’S SIGNATURE | DATE |