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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 UpdateFrom:  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 |