|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | DIVISION OF VOCATIONAL REHABILITATION (DVR)  COMMUNITY REHABILITATION PROGRAM (CRP)  SERVICE DELIVERY OUTCOME PLAN (SDOP)  **SDOP: Informational Interview** | | | | | | | Page     of | |
| AFP NUMBER | |
| DVR CUSTOMER | | CRP CONTRACTOR | | | | | CRP REPRESENTATIVE’S NAME | | |
| SERVICE DELIVERY DATES  From:To: | | PROGRESS REPORTS REQUIRED  **Monthly progress reports are required and must be submitted to the VRC on an SDOR.** | | | | | | | |
| **EXPECTED OUTCOME** | | | | **PARTY RESPONSIBLE** | **PURCHASE AND PAYMENT CRITERIA** | | | | **COST ($)** |
| Informational Interviews are designed to help a Customer meet with employers to learn about vocational areas of interest. Each interview should be approximately 30-60 minutes in length. | | | |  | **MAXIMUM TOTAL OUTCOME FEE:**  Fee is $401 per interview.  Contractor agrees to provide up to  interviews.  Maximum of three informational interviews with a maximum fee of $1203.  Outcome fee paid to Contractor upon receipt of signed invoice and outcomes achieved as described in the Service Delivery Outcome Report (SDOR).  Fee is based on direct Customer activities and does not include report writing time.  SDOR must be provided to both the Customer and VRC.  Report must include:   1. CRP representative name 2. Dates and hours of all activities 3. Describe Customer’s experience and what they learned from each informational interview 4. Specific recommendations for further Customer exploration and experience | | | | **$** |
| Specific CRP services include:   * Working with the Customer to identify sites and contact businesses * Helping Customer prepare and practice questions for the interview * Helping Customer plan appropriate grooming * Helping Customer plan transportation to the site * Accompany Customer to the site * Accompany Customer to the interview * Helping Customer prepare and deliver a thank-you note to the person interviewed * Post-interview debriefing with the Customer   **Specific areas of interest** identified by **Student First Name**:  1. **Enter interest area**  2. **Enter interest area**  3. **Enter interest area** | | | | **CRP**  **Customer**  **VRC** |
| Customer will participate in all Informational Interviewing activities and will attend all scheduled meetings. | | | | **Customer** | **Transportation Expenses if authorized by VRC:**  **Travel Time:** Paid upon receipt of signed invoice and a written report on the SDOR documenting distance driven, beginning time and arrival time at destination. When authorized, travel time is paid at a fixed rate of $37 per hour in quarter-hour increments if service delivery occurs more than fifty (50) miles from the Contractor’s nearest staffed office location. | | | | **$** |
| DVR Counselor is responsible for ensuring VR services are consistent with the Customer’s vocational assessment; this includes discussing considerations for Customer health and safety that may be inconsistent with certain kinds of work. | | | | **DVR** |
|  |
| 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. | | | | **CRP** | **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. | | | | **$** |
| Customers are encouraged to speak with their CRP provider, DVR Counselor, and/or employer if they feel unsafe and/or have any concerns about the health and safety risks at the site where they receive services. It is the employer’s responsibility under Washington state law to provide a safe workplace. | | | | **Customer** | **Other Transportation Expenses:** Such as Ferry System, toll fares, etc. will be paid upon receipt of signed invoice, receipts, and a written report on the Service Delivery Outcome Report (SDOR) documenting the reason for the expense. | | | | **$** |
| CUSTOMER / LEGAL GUARDIAN SIGNATURE DATE | | | CRP SIGNATURE DATE | | | DVR SIGNATURE DATE | | | TOTAL  **$** |
| **Signature by each party indicates agreement to the contents of this SDOP.** | | | | | | | | | |