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|  | Exhibit J  DIVISION OF VOCATIONAL REHABILITATION (DVR)  **Independent Living (IL) Services and Qualifications** | | | |
| CONTRACTOR’S NAME AS REGISTERED WITH THE IRS | | CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT | |
| **Contractor Instructions:**  Check all boxes that apply.   1. Select the counties in which your company intends to provide services. 2. Only check those boxes for services your organization will provide. 3. Use this document to reference the qualifications needed for each staff member providing the selected service. 4. Submit copies of transcripts and resumes of all staff that will provide services, showing they meet the educational and experience requirements. 5. Use Exhibit K to list all new staff and services for which you are seeking approval and update current staff who are already approved to provide services. | | | |
| **County Served by CRP Contractor** | | | |
| Please check only those counties your organization is able to serve.  **Statewide**  Cowlitz  Jefferson  Okanogan  Spokane  Adams  Douglas  King  Pacific  Stevens  Asotin  Ferry  Kitsap  Pend Oreille  Thurston  Benton  Franklin  Kittitas  Pierce  Wahkiakum  Chelan  Garfield  Klickitat  San Juan  Walla Walla  Clallam  Grant  Lewis  Skagit  Whatcom  Clark  Grays Harbor  Lincoln  Skamania  Whitman  Columbia  Island  Mason  Snohomish  Yakima | | | |
| **IL Evaluations:**  All providers of IL Evaluations must have one (1) year experience performing individual evaluations and writing reports regarding individuals’ cognitive, psycho / social, life skills and interpersonal abilities, either directly or under supervision and sign-off authority of a person who meets the Washington DVR qualifications for IL Evaluation.  **AND**  A Bachelor’s degree in human or social services (counseling, vocational rehabilitation, social work, education, psychology, occupational / physical therapy, etc.) from an accredited college or university **and the following**:   * Two (2) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.   **OR**  A Bachelor’s degree, in any field, from an accredited college or university, **and the following**:   * Three (3) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.   **OR**  Ninety (90) quarter or sixty (60) semester hours of human or social services coursework (counseling, vocational rehabilitation, social work, education, psychology, occupational / physical therapy, etc.) from an accredited college or university, **and the following**:   * Four (4) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.   **OR**  A high school diploma or GED, **and the following**:   * Six (6) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities. | | | |
| **IL Services** | | | |
| All services listed below require the same qualifications. Mark the services your organization will provide:  **IL Work-related Systems Access related to barriers to employment**  **IL Skills Training Related to Barriers to Employment**  **IL** **Pre-ETS Self-Advocacy Training**  A Bachelor’s degree, in any field, from an accredited college or university, **and the following**:   * One (1) year Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.   **OR**  Ninety (90) quarter or sixty (60) semester hours of coursework, in any field, from an accredited college or university, **and the following**:   * Two (2) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities.   **OR**  A high school diploma or GED, **and the following**:   * Four (4) years Full Time Equivalency (FTE) paid employment experience in the direct provision of social services to individuals with disabilities. | | | |
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| CONTRACTOR’S SIGNATURE DATE | | | | |
| CONTRACTOR’S PRINTED NAME | | | CONTRACTOR’S TITLE | |