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|  | DIVISION OF VOCATIONAL REHABILITATION (DVR)  COMMUNITY REHABILITATION PROGRAM (CRP)  SERVICE DELIVERY OUTCOME PLAN (SDOP)  **SDOP: Customized Employment - Job Placement** | | | | | 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 ($)** |
| **Customized Job Placement**  CRP will be responsible for locating, securing, and placing a DVR Customer into a paid, integrated job that fits with the interest, skills, and abilities identified in the Discovery Profile and Employment Planning Meeting. The job will be customized within one of the following vocational themes:  Theme 1:  Theme 2:  Theme 3:  **Customer employment needs:**   * Starting wage will be a minimum of $ per hour * Initial hours will be a minimum of hours per week * Work shift / hours preference: * Location of employment: * Benefit package to preferably include: * Other (e.g., maximum hours per week): | | | **CRP** | **Maximum Total Fee for Service: $4846**  **Payment Points:**  **Intake fee:**  Paid upon receipt of a signed invoice and a written report on the Service Delivery Outcome Report (SDOR) indicating: 1) the CRP’s acceptance of the SDOP and AFP; 2) date the CRP met with the Customer to complete their internal intake of the Customer; and 3) intake activities completed with the Customer and next steps after intake.  **Activity fee:** Paid to CRP upon receipt of a signed invoice and written report on the SDOR indicating completion of:   1. **Plan for Customizing Employment** submitted on an SDOR or attached to SDOR if Contractor has their own form. A copy must be provided to the VRC and the Customer within one month of authorization of Customized Job Placement . An additional copy must be provided with the signed invoice and report for Activity. Plan should include the following at a minimum:    * How often the Contractor and Customer will meet;    * How they will engage with the Customer’s support team (family, friends, etc.);    * What tools may be used such as video resume, job shadows, informational interviews with employers (as a team or by Contractor); AND 2. **One Customized Employment Proposal** submitted to an employer. Attach the proposal and any supporting documentation demonstrating engagement with employer to discover their needs and their alignment with the interests and needs of the DVR Customer. | | |  |
| **$834** |
| **$1534** |
| Customer will fully participate in customized job placement activities in partnership with their CRP and their support team and attend all scheduled meetings.  **Add any additional requirements of the Customer here** | | | **Customer** |

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| CRP will engage with the Customer, their support team and VRC as needed. Team meetings may be initiated by CRP when/if a different vocational theme may need to be explored or more ideas need to be generated.  **Add any additional requirements of the Customer here** | | **CRP** | **Outcome fee:** Paid to CRP upon receipt of a signed invoice and written report on a SDOR documenting the Customer’s:   * Placement into a Customized, paid integrated job as mutually agreed to by the DVR VRC, Customer and CRP; * Completion of first full day of paid employment as defined by the employer; * Date of first day of employment; * Name and address of employer; * Type of job Customer is performing and customized job description; * Number of hours per week Customer is scheduled to work; * Customer’s hourly wage and fringe benefits; and * Information on how the job meets the definition of a customized job.   **Proof of Employment**  When job placement is successfully completed, in addition to the SDOR and signed Invoice, the CRP must provide:   * A letter or other documentation agreed upon with DVR signed by the employer verifying Customer’s first day of paid employment in a permanent, integrated, and competitive job; * A copy of the DVR Customer’s payment; or * Any other form of verification approved on this SDOP. | | **$2478** |
| 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. | | **VRC** |
| 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** |
| 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** |
| **Transportation Expenses if authorized by VRC:** | |  |
| **Travel Time:** Paid upon receipt of a signed invoice and a written report on the Service Delivery Outcome Report (SDOR) documenting distance driven, beginning time and arrival time at destination. When authorized, travel time is paid at a fixed rate of $37 per hour in quarter-hour increments if service delivery occurs more than fifty (50) miles from the Contractor’s nearest staffed office location. | | **$** |
|  | |  | **Mileage:** Paid upon receipt of a 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. | | **$** |
| **Other Transportation Expenses:** Such as Ferry System, toll fares, etc. will be paid upon receipt of signed invoice, receipts and a written report on the Service Delivery Outcome Report (SDOR) documenting the reason for the expense. | | **$** |
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| CUSTOMER / LEGAL GUARDIAN SIGNATURE DATE | CRP SIGNATURE DATE | | | DVR SIGNATURE DATE | TOTAL COST  **$** |
| **Signature by each party indicates agreement to the contents of this SDOP.** | | | | | |