

DIVISION OF VOCATIONAL REHABILITATION
INDEPENDENT LIVING SERVICES

Contractor Employee(s) to Provide IL Services and Service(s) Approved

ORGANIZATION'S LEGAL NAME	ORGANIZATION'S LEGAL NAME
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Use additional copies of this form, if needed, to list current or new employees and the services they are approved or request to provide.

List existing employees currently approved by DVR to provide IL services and what services they are approved to provide.

Employees approved through the current contract do **not** need to resubmit current resume and educational transcripts.

FIRST NAME	LAST NAME	TRANSCRIPTS	RESUME	IL EVALUATIONS	IL SKILLS TRAINING	IL WORK-RELATED SYSTEMS ACCESS
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List new employees currently to be reviewed and approved to provide IL services and mark the services you request them to provide.

Please include: 1) a current resume; and 2) official educational transcripts for each new employee to be reviewed.

FIRST NAME	LAST NAME	TRANSCRIPTS	RESUME	IL EVALUATIONS	IL SKILLS TRAINING	IL WORK-RELATED SYSTEMS ACCESS
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note: A signed contract does not automatically approve the Contractor or Contractor's staff to perform IL Services. The Contractor or Contractor's staff (IL Providers) cannot provide any of the above services until official approved by authorized DVR staff.

CONTRACTOR'S SIGNATURE	DATE	CONTRACTOR'S PRINTED NAME
		CONTRACTOR'S TITLE