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| Transforming Lives | DIVISION OF VOCATIONAL REHABILITATION (DVR)INDEPENDENT LIVING (IL) SERVICE PROVIDERPRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS)**Service Delivery Outcome Plan: Pre-ETS IL Skills Training** | Page     of     |
| AFP NUMBER |
| DVR CUSTOMER | IL CONTRACTOR | IL REPRESENTATIVE’S NAME |
| SERVICE DELIVERY DATESFrom:To: | STAFFING INTERVALS |
| **NUMBER** | **EXPECTED OUTCOME** | **PARTY RESPONSIBLE** | **PURCHASE AND PAYMENT CRITERIA** | **COST ($)** |
|  | Pre-Employment Transition Services IL Skills Training activities are intended to help a student gain independent living skills as listed below. |  | **MAXIMUM TOTAL OUTCOME FEE:**Fee per hour is $72.00 for up to  hours.Outcome fee paid to Contractor upon receipt of invoice and outcomes achieved as described in the Service Delivery Outcome Report (SDOR). Fee is based on direct student activities, and does not include report writing time.SDOR must be written directly to the student, and provided to both the student and DVR VRC.Report must include:1. IL Provider representative name;
2. Dates and hours of all activities;
3. Evidence of student skill gains in identified training areas
4. Specific recommendations for further student exploration and experience.
 | **$** |
|  | Student training areas may include:* Use of transportation services;
* Decision-making;
* Money management;
* Use of communication access services;
* Organizational abilities;
* Social and interpersonal relationships;
* Time management;
* Accessing community resources & benefit programs;
* Self-care;
* Self-protection;
* Attendant management.
 | **IL Provider****Student****VRC** |
|  | Specific IL Skills Training goals for **Student First Name** include: | **IL Provider****Student****VRC** |
| Travel time at a fixed rate of $35 per hour in quarter-hour increments if service delivery occurs more than fifty (50) miles from the contractor’s nearest staffed office location. | **$** |
|  | Student will participate in all IL Skills Training activities, and will attend all scheduled meetings. | **Student** |
| CUSTOMER / GUARDIAN SIGNATURE DATE | IL SIGNATURE DATE | DVR SIGNATURE DATE | TOTAL**$** |
| **Signature by each party indicates agreement to the contents of this plan.** |