|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Exhibit K  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 | | | |
| 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 | | IL EVALUATIONS | IL SKILLS TRAINING | IL WORK-RELATED SYSTEMS ACCESS |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
| **List new employees 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. **Review requirements listed on Exhibit J.** | | | | | | |
| FIRST NAME | | LAST NAME | | IL EVALUATIONS | IL SKILLS TRAINING | IL WORK-RELATED SYSTEMS ACCESS |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | |  | |  |  |  |
|  | | | | | | |
| **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 | | | |