Washington State Department of Social & Health Services
Transforming lives

DIVISION OF VOCATIONAL REHABILITATION (DVR)
COMMUNITY REHABILITATION PROGRAM (CRP)

Service Delivery Outcome Report

AFP NUMBER

DVR CUSTOMER	SOCIAL SECURITY NUMBER (LAST FOUR DIGITS) **XXX-XX-**
CRP NAME	CRP REPRESENTATIVE
DVR COUNSELOR	TOTAL COST **$**
CRP SERVICE CATEGORY ☐ Vocational Evaluation Services ☐ Intensive Training Services ☐ Trial Work Experience ☐ Job Retention Services ☐ Community Based Assessment ☐ Off-Site Psycho-Social – NON-SE ☐ Job Placement Services ☐ Off-Site Psycho - SE	TIME LINES (OVERALL PLAN) From: To: Dates of this Reporting Period: From: To:

PETS (PRE-EMPLOYMENT TRANSITION SERVICES) CRP SERVICE CATEGORY

☐ PETS: Informational Interview ☐ PETS: Social Skills ☐ PETS: Work Learning Experience
☐ PETS: Job Exploration ☐ PETS: Work Learning Assessment A
☐ PETS: Job Shadow ☐ PETS: Work Learning Assessment B

TYPE OF REPORT ☐ Intake Report ☐ Job Placement Activity Report ☐ Outcome Report	LEVEL OF SERVICE FOR: ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ N/A

REPORT

This document is only for reporting purposes. Invoices must be created in a separate document and submitted with this Service Delivery Outcome Report.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. (Revised Code of Washington 9A.72.085)

CRP REPRESENTATIVE'S SIGNATURE	DATE