

ARIZONA DEPARTMENT OF ECONOMIC SECURITY – Rehabilitation Services Administration
Work Adjustment Training
CLIENT SERVICE PLAN

Client Service Plan Meeting Date (MM/DD/YYYY): 07/02/2025

Client Service Plan Start Time: 9:45 AM

Client Service Plan End Time: 10:45 AM

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: John Coach

VR Client Name: Sally Sample

VR Counselor Name: Joe Counselor

RSA Authorization #: 000000000A1

VR Counselor agrees that 60 hours of one-on-one WAT services are needed to assist the VR Client in achieving the core work readiness/employability skill objectives identified below by the following date.

Anticipated Date of WAT Completion (MM/DD/YYYY): 9/30/2025

1. SPECIFIC SERVICE OBJECTIVES

Using the Work Adjustment Skills Appraisal Guide (Exhibit D1), in addition to clear and measurable terms, describe specific services needed for each core work readiness/ employability skill objective identified below for the VR Client to obtain and maintain competitive employment.

Communication

Training Necessary Yes No

Starting Standard: 2

Details of Services Needed: Assist VR Client in developing skills to communicate with others effectively – VR Client is very shy.

Teamwork

Training Necessary Yes No

Starting Standard: _____

Details of Services Needed: _____

Critical Thinking and Problem Solving

Training Necessary Yes No

Starting Standard: 1

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Details of Services Needed: Assist VR Client with thinking through problems for solutions or steps on finding solutions on their own.

Task/Time Management and Organization

Training Necessary Yes No

Starting Standard: 2

Details of Services Needed: Assist VR Client with learning the importance of managing time and meeting deadlines.

Attendance

Training Necessary Yes No

Starting Standard: _____

Details of Services Needed: _____

Manage Symptoms/Effects of Disability

Training Necessary Yes No

Starting Standard: 2

Details of Services Needed: Assist VR Client with learning to manage symptoms/effects of disability while working.

Appearance and Hygiene

Training Necessary Yes No

Starting Standard: _____

Details of Services Needed: _____

Self-Management

Training Necessary Yes No

Starting Standard: 1

Details of Services Needed: Assist VR Client with learning how to manage self at workplace.

2. OUTCOME OF THE SERVICE PLANNING MEETING

Check one (1):

- Vendor accepts referral and agrees to begin services within twelve (12) business days from the Client Service Plan meeting.
- Vendor or VR Client declines referral. Explain why: _____
- VR Client and/or VR Counselor was a “no-show” for Client Service Plan meeting (one (1) time max. fifteen (15) minute billing for discussion of service provision and outreach to party not present).
- Revised Client Service Plan. Date Revised (MM/DD/YYYY): _____

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If unable to start service within twelve (12) business days, please explain why: _____

VR Client Signature: _____ *Sally Sample* _____ Date: 07/02/2025

VR Client Guardian/Representative Signature: _____ Date: _____
(if applicable)

Vendor Representative Signature: _____ *John Coach* _____ Date: 07/02/2025

VR Counselor Signature: _____ *Joe Counselor* _____ Date: 07/02/2025