

ARIZONA DEPARTMENT OF ECONOMIC SECURITY – Rehabilitation Services Administration
Job Development and Retention
SERVICE CLOSURE REPORT

Service Closure Report Date (MM/DD/YYYY): 01/30/2026

Client Service Plan Meeting Date (MM/DD/YYYY): 07/08/2025

Last Date of Client Service (MM/DD/YYYY): 01/28/2026

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: Lilly Coach

VR Client Name: Jacob Client

VR Counselor Name: Dan Counselor

RSA Authorization #: 00000000A1

1. REASON FOR CLOSURE

Please choose one (1):

VR Client successfully maintained employment for 90+ (ninety plus) days.

VR Client did not complete the planned services due to:

- Dissatisfaction with the service provision; VR Client requested another Vendor;
- Moving out of service area;
- Dropping out of services due to health issues;
- Incarceration;
- Vendor lost contact with VR Client;
- Change in VR Client's circumstances; they no longer wish to pursue employment services;
- Organizational or business changes by Vendor precludes further service to the VR Client;
- Vendor is no longer willing to work with VR Client;
- VR Counselor determined services are no longer appropriate; or
- Other reason for closure (specify): _____

2. SERVICE OBJECTIVES

VR Client successfully completed all objectives as specified in the Client Service Plan (Exhibit L1) in the following training areas:

	Yes	No	N/A
Job Search Skills Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Search Assistance and Job Placement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Term Job Supports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VR Client did not achieve one (1) or more objectives; briefly state the objective(s) and describe barriers and/ or recommendations: _____

Vendor Representative Signature: *Lilly Coach* Date: 01/30/2026