

ARIZONA DEPARTMENT OF ECONOMIC SECURITY - Rehabilitation Services Administration
Supported Education
SERVICE CLOSURE REPORT

Service Closure Report Date (MM/DD/YYYY): 07/30/2025

Client Service Plan Meeting Date (MM/DD/YYYY): 07/05/2025

Last Date of Client Service (MM/DD/YYYY): 07/25/2025

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: John Coach

VR Client Name: Sally Sample

VR Counselor Name: Joe Counselor

RSA Authorization #: 010000000A1

REASON FOR CLOSURE

Must be accompanied by Exhibit R3 - Supported Education Checklist

Please choose one (1):

VR Client successfully completed Supported Education.

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 the VR Client;
- Change in VR Client's circumstances; they no longer wish to pursue employment services
- Organizational or business changes by Vendor precludes further services to the VR Client;
- Vendor is no longer willing to work with VR Client;
- VR Counselor determined services were no longer appropriate; or
- Other reason for closure (specify): _____

Please provide additional information for why service closure is occurring: _____

Vendor Representative Signature: John Coach Date: 07/30/2025
