

Exhibit V4

Arizona Department of Economic Security
Rehabilitation Services Administration
Independent Living Older Blind Rehabilitation Instructional Services for Blind and Visually Impaired
Service Closure Report

Service Closure Report Date (MM/DD/YYYY): 10/31/2025

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

Last Date of Client Service (MM/DD/YYYY): 10/30/2025

Vendor Company Name: XYZ Vendor Company

Vendor Representative's Name: Rosalie Representative

ILOB Client Name: Clark Client

ILOB Staff Member Name: Sally Staff

RSA Authorization #: 00000001A1

1. REASON FOR CLOSURE

Please choose one (1):

ILOB Client successfully completed all ILOB RIS BVI Service Objectives with a Skill Level Score of 3 or 4.

ILOB Client did not successfully complete all ILOB RIS BVI Service Objectives with a Skill Level of 3 or 4 due to:

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

2. SERVICE OBJECTIVES

Based on the final Vendor Representative Monthly Skill Level Score (Exhibit V3 - Monthly Progress Report), ILOB Client successfully completed Service Objectives with a score of 3 or 4 in the following care areas as specified on the Client Service Plan (Exhibit V1):

	Yes	No	N/A
ILOB Assistive Technology (AT) Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILOB Adjustment to Disability (AD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILOB Orientation and Mobility (O&M) Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILOB Communication Skills Training (CST)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ILOB Daily Living Skills Training (DLST)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ILOB Client did not achieve a Skill Level Score of 3 or 4 in one or more objectives; briefly state the objective(s) and describe barriers and/or recommendations: _____

Vendor Representative Signature: Rosalie Representative Date: 10/31/2025