

HAWAII DEPARTMENT OF HUMAN SERVICES – Division of Vocational Rehabilitation
Supported Employment
SERVICE COMPLETION REPORT

Service Completion Report Date: 12/31/23

Intake Plan Meeting Date: 9/5/23

Last Date of Participant Service: 12/30/23

Vendor Company Name: ABC Vendor Company

Vendor Representative's Name: Rosalie Representative

VR Participant Name: Patty Participant

VR Counselor Name: Jane Counselor

DVR Purchase Order #: 07000002

1. REASON FOR VENDOR'S SERVICE COMPLETION

Please choose one:

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

Please identify name(s) of long-term support(s): Patty's Mother, Martha Participant

VR Participant did not complete the planned services due to:

- dissatisfaction with the service provision; VR Counselor or Participant requested another Vendor;
- moving out of service area;
- dropping out of services due to health issues;
- Incarceration;
- Vendor lost contact with VR Participant;
- change in VR Participant's circumstances; they no longer wish to pursue employment services;
- organizational or business changes by Vendor precludes further service to the VR Participant;
- Vendor no longer willing to work with VR Participant;
- VR Participant entered a drug treatment or rehabilitation facility;
- VR Counselor determined services are no longer appropriate; or
- Other reason for service completion (specify): _____

2. SERVICE OBJECTIVES

VR Participant successfully completed all objectives as specified in the Intake Meeting (Exhibit D1) in the following training areas:

	Yes	No	N/A
Placement, Maintenance, and Transition Activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Vendor Representative Signature: Rosalie Representative Date: 12/31/23