Service Completion Report Date:

Intake Plan Meeting Date:

Last Date of Participant Service:

Vendor Company Name:

Vendor Representative’s Name:

VR Participant Name:

VR Counselor Name:

DVR Purchase Order #:

1. **REASON FOR VENDOR’S SERVICE COMPLETION**Please choose one (1):
[ ]  VR Participant successfully maintained employment for ninety plus (90+) days. Please identify name(s) of long-term support(s):

VR Participant did not complete the planned services due to:

[ ]  Dissatisfaction with the service provision; VR Counselor or VR 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):

1. **SERVICE OBJECTIVES**

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

 Yes No

Placement, Maintenance, and Transition Activities [ ]  [ ]

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

Vendor Representative Signature: Date: