

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

Service Completion Report Date: 1/30/2026

Intake Plan Meeting Date: 9/2/2025

Last Date of Participant Service: 1/29/2026

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 #: 07000003

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**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): Martha Participant (Patty's mother)

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 Participant;
  - ☐ Change in Participant's circumstances; they no longer wish to pursue employment services;
  - ☐ Organizational or business changes by Vendor precludes further service to the Participant;
  - ☐ Vendor no longer willing to work with Participant;
  - ☐ Participant entered a drug treatment or rehabilitation facility;
  - ☐ VR Counselor determined services are no longer appropriate; or
  - ☐ Other reason for service completion (specify): \_\_\_\_\_
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**2. 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	<input checked="" 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: 1/30/2026