



Waiver of Independent Living Plan

I, _____

Have had the Independent Living Plan explained to me and I have chosen not to participate in that service. I further understand that any and all services provided by the LIFE/RUN Center will continue to be at my disposal, regardless of my choice. I am interested in accessing the center for:

Advocacy	
ILS Training	
Peer Support	
I&R	
Recreational Services	
Barrier Reduction	
Communication	
Vocational Training	
Other (specify)	

And all other services offered at the Center.

LIFE/RUN will maintain contact with the Consumer at least every ninety days.

Is the Consumer eligible for services?

Yes

No

Anticipated Duration of Service:

1 year

Targeted Day of Completion:

Consumer Signature:

Date:

Staff Signature:

Date: