

Independent Living Plan

Initial ILP _____
I choose to amend my ILP _____

Name: _____

Anticipation Duration of ILP _____

Do you wish to Develop or Waive your right to develop and ILP? _____ Develop _____ Waive _____
 (Waiving your right to develop an ILP does not waive your right to services.)
 If you already have an ILP do you wish to amend it with the goals listed on the ILP below? _____

Significant Life Area	Date Set	Goals and Services	# of Goals Set	Ant. Duration	Date Goals Achieved
Self-Advocacy/Self-Empowerment					
Communication					
Mobility/Transportation					
Community Based Living					
Educational					
Vocational					

Significant Life Area	Date Set	Goals and Services	# of Goals Set	Ant. Duration	Date Goals Achieved
Self-care					
Information Access/Technology					
Personal Resource Management					
Relocation from a Nursing Home or Institution to Community-Based Living					
Community/Social Participation					

Staff and Consumer Task(s): _____

I have participated in developing this ILP. I am aware that receiving these services may be affected by the availability of agency funding and is contingent upon meeting financial criteria. I am in agreement with this ILP as it is written. I understand that it may be necessary to amend my plan in order to complete my independent living program. I am aware that I have a responsibility in carrying out the goals of this ILP.

Signature of Responsible Person: _____ Date _____

Signature of Tri-County Representative _____ Date _____