



948 Walton Way
P.O. Box 519
Augusta, GA 30903
(706) 724-6262 (V/TTY)
(706) 724-6729 (FAX)
1-877-821-8400
www.waltonoptions.org

Independent Living Plan/Waiver And Goals Form

My signature below shows that I fully understand that I have the right to accept or to waiver the option of an Independent Living Plan.

I want an Independent Living Plan (initials) _____

I waive the option of an Independent Living Plan _____

Types of Goals: Self-Care, Communication, Mobility/Transportation, Educational,
 Vocational, Community-Based Living, Information Access/Technology, Personal Resource Management, Self-Advocacy/Self-Empowerment, Relocation from a Nursing Home or Institution to Community-Based Living,
 Community/Social Participation

Goal: _____

Objective: _____

Consumer Tasks	Walton Options Tasks	Completion Date

Note: Failure to communicate within a 60-day period will be considered inactive participation. **Please list only one goal per sheet.**

Consumer Signature

Date

Employee Signature

Date