



PURPOSE

To assist an individual in achieving his/her specific independent living goal. The information must include the individual's choice of services, when each service will begin, who will provide each service and the date the goal will be achieved. The Independent Living Plan (ILP) must be written, developed and implemented in a manner that gives the eligible individual the opportunity to exercise informed choice consistent with his/her unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. Identified services must be needed to achieve the specific independent living goal. The ILP is reviewed annually to assess the individual's progress in achieving the identified independent living goal.

PREPARED BY

Independent Living Rehabilitation Counselor, eligible individual, and/or eligible individual's representative.

If prepared by eligible individual and/or representative, ILP must be approved by the Independent Living Rehabilitation Counselor before it is effective.

INSTRUCTIONS

Individual: Enter the individual's name (first name, middle initial and last name).

Date: Enter the month, day and year for the completion of this document.

Original or Post-Closure: Place an X in the appropriate block to indicate why this document is being developed.

My independent living goal is: Enter the independent living goal as specific as possible.

This goal should be met by: Enter the month, day and year the goal will be achieved.

These are the services needed to meet my goal:

Service needed: Identify a specific service agreed upon by the individual and Independent Living Rehabilitation (ILR) counselor.

Beginning date: Enter the month, day and year the service will begin.

Provider of service: Enter the person, program, business etc. that will provide this service in as much detail as possible.

Continue with this format until **all** services, dates and service providers are identified.

Describe how the progress toward meeting my independent living goal will be reviewed and measured: Enter in detail what the counselor will utilize (criteria, observations etc) to determine that the individual has met the independent living goal.



INDEPENDENT LIVING PLAN INSTRUCTIONS

I have been offered the choice to develop my independent living plan and assistance in creating my plan, and I have been provided a copy of this plan in my most understood mode of communication which is: Enter the individual's mode of communication (Braille, Large Print, CR, Tape or Electronic).

ILR Counselor signs and dates the form.

Individual signs and dates the form.

DSB Supervisor signs and dates the form, if required.

Parent/Guardian signs and dates the form, if required.

DISTRIBUTION

Original: Case Record

Copies: Individual

Individual Representative if applicable