



INDEPENDENT LIVING PLAN AMENDMENT INSTRUCTIONS

PURPOSE

To assist an individual in updating his/her original Independent Living Plan (ILP). The Amendment is utilized to scheduling a new service(s) or to drop a previously planned service. It is also utilized when there is a change in 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.

Update My Independent Living Goal: Place an X in the box to indicate the amendment is being utilized to update the individual's independent living goal. A case progress note must address reasons for change.

Goal: Enter the new independent living goal as specific as possible.

Achieved By: Enter the month, day and year to indicate when the goal will be achieved.

Delete a service (specify): Place an X in the box to indicate the amendment is being utilized to delete a service. Enter the service that is no longer needed and specify why this service is no longer needed. A case progress note must address reasons for change.

Add or Update an Existing Service(s): Place an X in the box to indicate the amendment is being utilized to add or update and existing service(s). A case progress note must address reasons for change.

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 a much detail as possible.

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

I have been offered the choice to develop my independent living plan and this amendment. 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).



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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-Attached to the original ILP

Copies: Individual-Attached to the original ILP

Individual Representative if applicable-Attached to the original ILP