



**INDEPENDENT LIVING  
PLAN WAIVER**

Individual: \_\_\_\_\_

By signing below, I waive the need for the Division of Services for the Blind to jointly develop a formal Independent Living Plan as defined by the Rehabilitation Act of 1973, as amended.

Individual Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (if required)

Date \_\_\_\_\_