



INDEPENDENT LIVING CLOSURE AMENDMENT

Individual: _____

Closure Status: 26 28 30 32

Your rehabilitation case is being closed effective _____ due to the following reasons:

Please check the box that best reflects your feelings about the outcome of the services that you have been provided.

- You feel greater control and more confident in your ability to maintain your current living situation as a result of services provided.
- You feel no change in feeling of control and confidence in your ability to maintain your current living situation as a result of services provided.
- You feel less control and confidence in your ability to maintain your current living situation as a result of services provided.

As discussed with you, post-closure services will will not be needed.

I have been provided a copy of this Closure Amendment in my most understood mode of communication which is _____

I understand that I have the right to appeal decisions related to my Independent Living case, including case closure, if I have not achieved my goal. This might include discussions with my Independent Living Rehabilitation Counselor, my Independent Living Rehabilitation Counselor's Supervisor, requesting an appeals hearing, requesting formal mediation, and requesting assistance from the Client Assistance Program (CAP). The Client Assistance Program can be reached at 1-800-215-7227.

Your signature below indicates your involvement in the program closure decision.

ILR Counselor Signature /Date

Individual Signature /Date

Approval, if required /Date

Parent/Guardian, if required /Date