



INDEPENDENT LIVING CLOSURE AMENDMENT INSTRUCTIONS

PURPOSE

To document the completion of Independent Living (ILP) services, either successfully or unsuccessfully. This provides documentation for the case record and to the individual, and provides information to the individual about their due process rights and the availability of Client Assistance Program (CAP) if the individual disagrees with the closure.

When an individual achieves their independent living goal, the ILP Closure Amendment is completed indicating the counselor and the individual are in agreement about the closure (26 closure status).

If for any reason the individual is unable to achieve their independent living goal despite provision of ILP services, the ILP Closure Amendment is completed documenting the reason for closure (28 closure status).

If the individual and the counselor prepare an ILP, but services are never initiated, the ILP closure is completed to document the reason (30 closure status).

If the individual receives post-closure services, the closure amendment is used to document that post-employment services are completed.

PREPARED BY

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

INSTRUCTIONS

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

Closure Status: Place an X in the appropriate block to indicate the status of the Individual's case when originally closed.

Your rehabilitation case is being closed effective: Enter the month, day and year the individual's case is closed.

Due to the following reasons: Enter in detail all reasons the case is being closed.

Please check the box that best reflects your feelings about the outcome of the services that you have been provided : The individual should place an X in the appropriate box to indicate his or her feelings about the outcome of the services that have been provided.

As discussed with you, post-closure services: Place an X in the appropriate block if the individual will or will not need post closure services.

I have been provided a copy of this Closure Amendment in my most understood mode of communication which is: Enter the individual's most understood 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

Copies: Individual

Individual Representative if required