



# INDEPENDENT LIVING PLAN

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

Date: \_\_\_\_\_ Original  Post-Closure

This is my Independent Living Plan. I have been informed about and involved in choosing among alternative goals, services and providers.

My independent living goal is: \_\_\_\_\_

This goal should be met by: \_\_\_\_\_

These are the services needed to help me achieve my goal:

Service needed: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Provider of service: \_\_\_\_\_

Service needed: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Provider of service: \_\_\_\_\_

Service needed: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Provider of service: \_\_\_\_\_

Service needed: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Provider of service: \_\_\_\_\_

Service needed: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Provider of service: \_\_\_\_\_



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

Describe how the progress toward meeting my independent living goal will be reviewed and measured:

My responsibilities:

I will carry out my Independent Living Plan (ILP) to the best of my ability by keeping scheduled appointments, participating in lessons, classes and activities, practicing skills taught and utilizing adaptive devices.

I will work with my Independent Living Rehabilitation Counselor (ILRC) to make changes in the ILP if needed.

I will notify my ILRC of changes in my contact and financial information.

Agency responsibilities:

DSB will provide training, guidance and supports needed to help me achieve the goals stated on my ILP.

Cost services provided by the Independent Living Rehabilitation Program will be contingent upon financial need and the availability of funds.

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:

\_\_\_\_\_

I will be given the opportunity to participate in reviews of my progress towards achieving my independent living goals. If necessary, with my input, my plan can be amended.



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

The Client Assistance Program (CAP) helps people in understanding and using rehabilitation services and encourages the rights and responsibilities of the individual. CAP staff can also:

- Work with you and the Independent Living Rehabilitation Counselor to resolve rehabilitation problems
- Advise and assist with the steps in the appeals process
- Help identify other resources.

You can reach CAP by calling or writing:

Client Assistance Program  
 2806 Mail Service Center  
 Raleigh, NC 27699-2806  
 1-800-215-7227 Toll free in North Carolina  
 919-855-3600 Voice/TTY  
 919-715-2456 Fax

\_\_\_\_\_  
ILR Counselor Signature /Date

\_\_\_\_\_  
Individual Signature /Date

\_\_\_\_\_  
Approval, if required /Date

\_\_\_\_\_  
Parent/Guardian, if required /Date