



INDEPENDENT LIVING PLAN **(Continuation Page)** **INSTRUCTIONS**

PURPOSE

To provide a continued list of services (attached to the DSB-4005b-IL Independent Living Plan page 1 or the DSB-4005d-IL Independent Living Plan Amendment) that the individual will need to achieve his/her specific independent living goal. The information must include the individual's choice of services, when each service will begin, who will provide each service and the date the goal will be achieved.

PREPARED BY

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

If prepared by eligible individual and/or representative, ILP Continuation page 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.

Original, Amendment or Post Closure: Place an X in the appropriate block to indicate why this document is being developed.

These are the services needed to meet my goal:

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 as much detail as possible.

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

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 DSB-4005b-ILR or the DSB-4005d-ILR

Copies: Individual-Attached to the original DSB-4005b-ILR or the DSB-4005d-ILR

Individual Representative if applicable-Attached to the original
DSB-4005b-ILR or the DSB-4005d-ILR