



INDEPENDENT LIVING PLAN AMENDMENT

Individual: _____ Date: _____

Complete only the components for which there is a change.

UPDATE MY INDEPENDENT LIVING GOAL

Goal: _____ Achieved By: _____

DELETE A SERVICE (specify): _____

ADD OR UPDATE AN EXISTING SERVICE(S)

Service needed: _____

Beginning date: _____

Provider of service: _____

Service needed: _____

Beginning date: _____

Provider of service: _____

Service needed: _____

Beginning date: _____

Provider of service: _____

MY PARTICIPATION IN DEVELOPMENT OF THIS PLAN AMENDMENT

I have been offered the choice to develop my Independent Living Plan (ILP) and this amendment. I have been provided a copy of this amendment in my most understood mode of communication which is

_____. I understand that I have the right to pursue a more satisfactory decision when I am not in agreement with actions taken by my Independent Living Rehabilitation (ILR) Counselor in my rehabilitation case. My options for resolving concerns include talking with my ILR Counselor's Supervisor, requesting an appeals hearing, requesting formal mediation, and requesting assistance from the Client Assistance Program (CAP). CAP can be reached at 1-800-215-7227.

 ILR Counselor Signature /Date

Individual Signature /Date

 Approval, if required /Date

 Parent/Guardian, if required /Date