



# INDIVIDUALIZED INDEPENDENT LIVING PLAN

## Goals and Services

Goals	Services	Beginning Date	Projected Ending Date	Goal End Date
Self-Care				
Communication				
Mobility				
Residential				
Educational				
Vocational				
Community Integration				
Transportation				

### Core Services Available

Peer Counseling and Support  
Skills Training/Life Skills Training

Information and Referral Services  
Individual and Systems Advocacy

Youth/Transition Services  
Adult/Transition Services

Description of services to be provided: \_\_\_\_\_  
\_\_\_\_\_

1. I, the Independent Living Specialist, through the agreed upon services(s) listed above will assist the consumer to achieve their goals.

I, the consumer, through the agreed upon service(s) listed above will participate in the service(s) so that I can achieve my goal(s).

I, the consumer, will communicate with the IL Specialist regarding the referrals made on my behalf for services listed above.

\_\_\_\_\_  
**Consumer Signature (or Parent/Guardian)**

\_\_\_\_\_  
**IL Specialist Signature**

\_\_\_\_\_  
**Date**

2. I, the Consumer, have chosen to waive the assistance of an Independent Living Plan.

\_\_\_\_\_  
**Consumer Signature (or Parent/Guardian)**

\_\_\_\_\_  
**IL Specialist Signature**

\_\_\_\_\_  
**Date**