

**INDEPENDENT LIVING PLAN
CONSUMER'S RIGHT TO CHOOSE**

Consumer Name: _____

Date: _____

Please check one box:

I DO NOT WISH TO DEVELOP AN ILP. I waive my right to develop the ILP, but still wish to receive services from ILCNCO.

I HAVE AGREED TO DEVELOP MY ILP. ILCNCO has provided me with the required Information regarding the Client Assistance Program. The goals listed on the ILP are self-identified and meet my current needs.

Consumer Signature: _____

Date: _____

ILCNCO Staff Signature: _____

Date: _____

Consumer Responsibilities:

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

I understand if I choose not to make any advancement towards completion of my goal(s) of which I have identified on my Independent Living Plan, ILCNCO may close my case at 90 days with no activity.

I will work with ILCNCO to make changes to my ILP if needed. I will notify ILCNCO of changes in my contact and financial information.

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

Consumers Initials: _____

ILCNCO Responsibilities:

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

The staff of the Independent Living Center of North Central Ohio, has offered me the choice and any necessary assistance to develop my personalized Independent Living Plan.



*Independent
Living
Center*

2230 Village Mall Dr. Suite 200
Mansfield, OH 44906
419-526-6770
www.ilcnco.org info@ilcnco.org

Independent Living Plan and Goals

My signature below shows that I fully understand and participated in developing this Independent Living Plan. I understand that it may be necessary to amend my plan in order to complete my independent living goals. I am aware that I have a responsibility in carrying out the goals of this ILP.

Goal #1: _____

Goal #2: _____

Goal Number and Type	Consumer Tasks	ILCNCO Tasks	Duration	End Date
# 1				
# 2				

Suggested Goals: Self Care, Communication, Mobility/Transportation, Educational, Vocational, Community-Based Living, Information Access/Technology, Personal Resource Management, Self-Advocacy/Self-Empowerment, Relocation from Nursing Home or Institution to Community-Based Living, Community/Social Participation

Print Consumer Name: _____

Consumer/Caregiver Signature: _____ Date: _____

Staff Signature: _____ Date: _____