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State of Utah
Department of Workforce Services

INDEPENDENT LIVING / ASSISTIVE TECHNOLOGY PROGRAM
INDEPENDENT LIVING PLAN

Consumer's Name: _____

THE PURPOSE OF YOUR ILP IS TO ASSIST YOU TO ACHIEVE INDEPENDENCE

You have been certified as eligible for independent living services. All services are dependent upon the availability of funding. An individual is eligible for services when it has been determined that the person has: (1) A significant physical or mental disability; (2) the presence of a significant limitation in ability to function independently in family or community; and (3) an expectation these independent living/assistive technology services will significantly assist the individual to improve or maintain his or her ability to function independently in family or community.

It is understood that this program, developed jointly by you and your IL Coordinator, is subject to modification on the basis of changing circumstances and new information. If your circumstances change, this IL Plan may be modified or terminated.

Consumer Responsibilities: It is your responsibility to cooperate in carrying out your Independent Living Plan and to make reasonable efforts on your own behalf. This includes:

1. Keeping appointments and participation in necessary evaluations.
2. Responding to written requests from the Center for Independent Living in a timely manner.
3. Notifying your IL coordinator of any significant change in your current situation such as new address, phone number, employment or financial status, etc.
4. Failure to cooperate may result in delay of service or ineligibility for services.

Consumer's Rights and Remedies: It is your right:

1. To be given the opportunity to be fully informed regarding any amendment or change to this written Independent Living Plan.
2. To be given the opportunity for full consultation in any decision to change your status from eligible to ineligible for Independent Living services.
3. To be given the opportunity to participate in an annual review.
4. To be given the opportunity, by scheduled appointment, to discuss any problem or grievance with your IL coordinator.
5. To file a request for a review if you are dissatisfied with the efforts of your IL coordinator.
   Contact: _____
6. The Disability Law Center / Client Assistance Program (CAP) is available to act as your advisor and advocate at any time. Call toll free 1-800-662-9080 or Salt Lake City 801- 363-1347, 205 North 400 West, Salt Lake City, Utah 84103.

Services in this program are provided without regard to sex, race, age, religion, color, or national origin according to title VI of the Civil Rights Act, and Section 504, Rehab Act of 1973, as amended. The Agency also assures that no group of individuals will be excluded or found ineligible on the basis or type of disability.

_____ **CONSUMER/REPRESENTATIVE INITIALS**

_____ **IL COORDINATOR'S INITIALS**

☐ **I choose not to have an IL Plan**

Consumer name: _____

Anticipated duration of IL program: _____

Goals and Services	Initial date	Anticipated duration	Completed date

The consumer understands any funding request made on their behalf to any agency or organization is contingent upon approval of that agency or organization. The consumer further understands their request may be approved, denied or placed on a waiting list. The consumer may be liable for the payment of any equipment or service negotiated by them with a vendor before funding approval is received.

Annual Review: It is understood that every 12 months there will be a review of this plan. At that time, you will have the opportunity to redevelop terms of your plan with your coordinator.

Anticipated Date of Next Review: _____

Consumers Understanding of ILP:
I have participated in developing this ILP. I am aware that receiving these services may be affected by the availability of agency funding and is contingent upon meeting financial criteria. I am in agreement with this ILP as it is written. I understand that it may be necessary to amend my plan in order to complete my independent living program. I am aware that I have a responsibility in carrying out the goals of this ILP.

Consumer's/Representative signature: _____ Date: _____

IL Coordinator's signature: _____ Date: _____