



State of Utah  
Department of Workforce Services  
**INDEPENDENT LIVING / ASSISTIVE TECHNOLOGY PROGRAM**  
**INDEPENDENT LIVING PLAN AMENDMENT**

Consumer name: \_\_\_\_\_

Anticipated duration of IL program: \_\_\_\_\_ Amendment(s) #: \_\_\_\_\_

Additional Objectives 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.

Consumer's/Representative signature:   /s/   Date: \_\_\_\_\_

IL Coordinator's signature:   /s/   Date: \_\_\_\_\_

***Equal Opportunity Employer/Program***

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.