



*Independent Living Plan*

Consumer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

The following goals have been established cooperatively by the consumer and an Independent Living Advocate. The goals are specific in addressing independent living needs of the consumer, and focus on enhancing the consumer's ability to live independently.

If the consumer elects to waive a written IL Plan, the waiver must be in writing and must be in the consumer file.

**Goal 1:** \_\_\_\_\_

Completed: Yes\_\_\_ No\_\_\_

**Goal 2:** \_\_\_\_\_

Completed: Yes\_\_\_ No\_\_\_

**Goal 3:** \_\_\_\_\_

Completed: Yes\_\_\_ No\_\_\_

**Goal 4:** \_\_\_\_\_

Completed: Yes\_\_\_ No\_\_\_

**Consumer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SAIL Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian (If Applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_