

WNY Independent Living, Inc.
family of agencies ...

**CONSUMER REQUEST FOR ACCESS
TO THEIR CONSUMER SERVICE RECORD**

Consumer Name: _____

Address: _____

Phone Number: _____

Date of Request: _____

What department and/or is the name of the service provider who assisted you?

ILC MHPC TC ILNC ILGR IE FRP

Service Provider(s) Name: _____

Below, please specify the information you would like from your Consumer Service Record.

Do you want copies of this information? Yes _____ No _____

Are you requesting inspection of your consumer service record? Yes _____ No _____

Consumer Signature/Date _____

Parent or Legal Guardian Signature/Date _____

**Please note that WNY Independent Living, Inc.
has 10 business days to respond to your request.**

Office use only:

Request Reviewed by Supervisor: _____

Staff/Date Request Fulfilled by: _____