

**WNY INDEPENDENT LIVING, INC.  
INDEPENDENT LIVING PLAN**

I was offered to develop a written Independent Living Plan for the provision of IL services. I have chosen the following:

- To develop a written Independent Living Plan for the provision of IL services which was mutually agreed upon by an appropriate staff member and myself. I was responsible for developing my own plan and I understand that I may change my plan at any time.**
- To sign below that I do not want to develop a written IL Plan at this time.**
- Consumer has chosen not to develop an IL Plan at this time and does not wish to sign this form. (WNYIL Service Provider and Supervisor should sign below.)**

I understand that if I have chosen not to develop an IL Plan in writing at this time, I will not be denied services from the WNYIL family of agencies and that I have the right, at any time I choose, to develop a written IL Plan.

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Print Consumer's Name

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Consumer's Signature/Date

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Print WNYIL Staff's Name

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WNYIL Staff's Signature/Date

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Print Supervisor's Name

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Supervisor's Signature/Date