



Independent Living Plan

Consumer Name: _____

I choose to organize my goal(s) in an Independent Living Plan, which includes:

Goal(s):

Service(s) to be provided:

Action Steps	Tasks	Anticipated Duration
	Consumer:	
	Staff:	
	Consumer:	
	Staff:	
	Consumer:	
	Staff:	

Projected Goal Completion Date: _____

Signed: _____ Date: _____
(consumer, parent/guardian, or advocate)

Signed: _____ Date: _____
(Staff)