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www.CIDNY.org

CIDNY

Center for Independence of the Disabled, NY

Independent Living Plan

CIDNY Consumer: _____ **Counselor:** _____

Date ILP Developed: _____

I would like to work with CIDNY on the following services:

- | | |
|---|---|
| <input type="checkbox"/> Advocacy/Legal Services | <input type="checkbox"/> Mobility Training |
| <input type="checkbox"/> Architectural Barrier Services | <input type="checkbox"/> Nursing Home Transition |
| <input type="checkbox"/> Assistive Devices/Equipment | <input type="checkbox"/> Nursing Home Diversion |
| <input type="checkbox"/> Benefits Advisement | <input type="checkbox"/> Plan to Achieve Self Support (PASS)
Development |
| <input type="checkbox"/> Business/Industry/Agency Services | <input type="checkbox"/> Peer Counseling |
| <input type="checkbox"/> Children's Services | <input type="checkbox"/> Personal Assistance Services |
| <input type="checkbox"/> Communication Services | <input type="checkbox"/> Recreational Services |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Family Services | <input type="checkbox"/> Vocational Services |
| <input type="checkbox"/> Housing or Shelter Services | <input type="checkbox"/> Voter Registration |
| <input type="checkbox"/> Information and Referral (I&R)
Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Independent Living Skills
Development | <input type="checkbox"/> Youth Transition |
| | <input type="checkbox"/> Other: _____ |

I choose not to complete an Independent Living Plan at this time

Consumer Signature _____ **Date** _____

CIDNY Staff Signature _____ **Date** _____

Accommodations requested (check all that apply)

- I do not need accommodations
- Interpreter (language: _____)
- ASL interpreter
- Large print or Braille
- Materials translated (language: _____)
- Reading / completing forms
- Other: _____

Communication preference:

- In person
- Phone
- I have an answering machine.
- Email
- My email address is _____
- TTY
- Videoconference
- Other: _____

Communication frequency

- Once a week
- Once a month
- Other: _____

To meet the overall goals I've chosen, I agree to work with CIDNY on the following:

Goal #1: _____

I am responsible for these tasks:

- _____
- _____
- _____

CIDNY staff is responsible for:

- _____
- _____
- _____

Start date: _____

Target end date: _____

I agree to contact staff once I achieve my outcome

To meet the overall goals I've chosen, I agree to work with CIDNY on the following:

Goal # 2: _____

I am responsible for these tasks:

- _____
- _____
- _____

CIDNY staff is responsible for:

- _____
- _____
- _____

Start date: _____

Target end date: _____

I agree to contact staff once I achieve my outcome

To meet the overall goals I've chosen, I agree to work with CIDNY on the following:

Goal # 3: _____

I am responsible for these tasks:

- _____
- _____
- _____

CIDNY staff is responsible for:

- _____
- _____
- _____

Start date: _____

Target end date: _____

I agree to contact staff once I achieve my outcome