

# Independent Living Plan

\_\_\_\_\_  
(Facility Name)

**Today's Date:**

MM/DD/YYYY

**Local District/County:**

**Initial Independent Living Plan?** (If checked, fill in date below)

**Date of Admission, if initial ILP:**

MM/DD/YYYY

**Case Composition (Number of Adults/Minor children):**     /

**Expected Duration of Temporary Housing Assistance:**

Service Need	Task Description (Client/Staff Responsibility)	Service Provider/ Agency	Start Date	Status/Outcome	Resident Name (if different than name listed above)

I have assisted in the development of and understand the above Independent Living Plan, as required by regulations, as a provision for achieving self-sufficiency and housing. I further understand that failure to comply with the development and completion of this plan or any temporary assistance or housing requirement as prescribed in 18 NYCRR Sections 352.35 and 900.10(c)(1), may result in the discontinuance of my temporary housing.

I agree, and it is my intent, to sign this document either using my signature or by typing my name on the line below. I understand that my e-signing and submitting is the legal equivalent of having placed my handwritten signature and affirmation on the submitted document and am affirming to the truth of the information contained therein.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: