

Division of Shelter Oversight and Compliance Independent Living Plan (ILP) Instructions

Facility name:	Enter the name of the facility preparing the ILP.
Today's Date:	Enter today's date.
Local District/County:	Enter the LDSS/county the facility is located in.
Resident's Name:	Enter the name of the head of household.
Initial Independent Living Plan	Enter 'Yes' if this is the residents first ILP.
Date of Admission, if initial ILP:	Enter the date of admission. This information is required only for the initial ILP.
Case Composition (Number of Adults/Minor children):	Enter number of Adults/Children included in the placement.
Expected Duration of Temporary Housing Assistance:	Enter the date the resident's Temporary Housing Assistance is expected to end.
Service Need:	Enter the type of service needs (These may include but are not limited to: Substance Abuse treatment, Education, Employment, Job Training, Child Care, Medical, Legal, etc..).
Task Description:	Enter a description of the task that needs to be accomplished to address the service need. For example, if the Service Need is Substance Abuse treatment, the Task Description could state: "Resident to attend outpatient tx at XYZ Treatment Center on M, W and F at 10am for 60 days.
Service Provider/Agency:	Enter the name of the service provider or agency the resident will be referred to or is currently using to address a specific task.
Start Date:	Enter the date the specific task began or is expected to begin.
Status/Outcome:	Enter the current status of the task. If the task is ongoing, write ongoing or active. Make note of any scheduled appointments related to this task. If the task has been completed, write completed and include the date of

completion. A completed task does not need to be included on future ILP's.

Resident Name (if different from the name listed above)

Enter the name of the family member the task is for if the task is for someone other than the Head of Household.

Resident Signature:

The Head of Household should sign here using their signature or by typing their name and should enter the date.

Caseworker Signature:

The Caseworker should sign here using their signature or by typing their name and should enter the date.

Other Adult Signature:

If there is another adult in the household, they would sign here using their signature or by typing their name and should enter the date.

Supervisor Signature:

After reviewing the case file, the Supervisor should sign here using their signature or by typing their name and should enter the date.

Comments:

Enter any information not included above. This may include, but not be limited to, the date of the next ILP appointment.