## ACCESS TO INDEPENDENCE WRITTEN GOAL PLAN MiCIL

First Name		Last Name							
IL PLAN (704 Req.)	Waived Accepted			Outcome: Req.)	OngoingAchievedDropped				
Date Defined:				ome Date: Req.)					
Goal Category:	Communicat Consumer R Education & Employment Equip/Assisti Finance/Ben Health Care/ Housing	ights Training /Vocational ive Devices efits		MobilityOtherPersonal AssistanceSelf-Care/IL SkillsSelf-Help/Personal GrowthSocial/RecreationTransportation					
Goal Type:									
Goal Notes:									
Goal Action Worksheet  1									
Ctout Date		Anticipated	Completion		tion Date				
Start Date_ Person Res	sponsible: Co	Date onsumer	Staff	Comple   Consumer & Staff	Other				

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		Anticipated Completion					
Start Date	Date	01-44		Completio			
Person Responsible:	Consumer	Staff	Consumer	& Starr	Other		
3							
	Antiningt	ad Commission					
Start Date	Date	Anticipated Completion			Completion Date		
Person Responsible:	Consumer	Staff	Consumer				
4							
4							
	Antiningto	ad Completie					
Start Date	Date_	ed Completion		Completio	n Date		
Person Responsible:		Staff	Consumer				
•							
Consumer Signature				Date			
Ourisarrier Orginalare							
Staff Signature				_ Date _			
FUNDERS					ransportation		
DHOH/Dane Co	126/2111 0 0/11		V (I		JSF		
DHOH/United Way	ILS/RSA SILC/Youth ILS/ SSDI-EP				VisLoan VisToch		
Donations ILS/United Way	ILS/ Part D	SSDI: Telew		V	VisTech		
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