IL Consumer Agreement

The Independent Living Cen	ter (ILC) services were created through the
Vocational Rehabilitation Act	t from 1993 Title 7. The services are for
people with disabilities who	want to learn skills to help them become more
independent.	
I,	_, understand if I wish to take part in the
Independent Living Center a	nd I have an open Case Service Record
(CSR), I am in charge of the	following:

- I agree to take part in any services I ask for. This means attending meetings, classes, or trainings. I will communicate with my IL Specialist and direct my service delivery to help me learn how to self direct my own life.
- 2. I agree to meet with my IL Specialist face to face every 60 days.
- 3. I agree to answer phone calls, letters, and e-mails. After getting the phone call, letter, or e-mail I have five (5) working days to answer back.
- 4. If I have to miss an appointment I will give one (1) day notice, I will try to let my IL Specialist have advance warning.
- 5. I agree if my IL Specialist tries to contact me three times in a row and I do not answer to the contacts, my IL case may be closed 10 days from the day I receive a contact letter.
- 6. I agree if I miss three planned meetings in a row my IL case may be closed 10 days from the day the letter is sent.
- 7. I understand that I need to participate to live independently. I may be asked to complete a before and after assessment to decide if

services have helped change my independence. The information gathered will help my Center for Independent Living(CIL) by:

- a. Complying with State and Federal reporting requirements;
- b. Applying for grants or money that can improve services for people with disabilities; and
- c. Measure the success and quality of services.
- 8. At the end of my services I agree to meet face to face with my IL Specialist to complete any paperwork needed to close my case.
- 9. I agree to complete a consumer survey. I will return the survey to the CIL in person or by mail in a self-addressed stamped envelope.

Consumer Name	Date	
IL Specialist Name	 Date	