## WYOMING INDEPENDENT LIVING REHABILITATION, INC. CONSUMER GOALS

Consumer Name:		Consumer #		Original / Amend Page #	
Goal Code	Goal	Service / Action Step	Party Responsible	Target Date	Date/ Signature
			1100001101010		
I have participated in the development of these GOALS and understand that any services paid for by WILR on my behalf must be authorized <u>BEFORE</u> the service is delivered.  I have the right to appeal any decisions. I know my rights and have received contact information for the Client Assistance Program (CAP).  Goals:					
(	Consumer / Representative Date		IL Specialist		Date