WYOMING INDEPENDENT LIVING REHABILITATION, INC. INDEPENDENT LIVING PLAN (ILP)

onsumer Name:	Consum	er #		Originai / Am	end Page #
oal Service	Target	Cost to	Cost to other	Cost to other	Notes
le	Date	WILR	resources paid	Resources paid	
oal	Date	VVILIX	through WILR	to vendor	
)					
		1		<u> </u>	
ve participated in the development of t	this ILP and under	stand that a	ny services paid for	by WILR on my beho	alf must be authorized <u>BEFORE</u> the
vered.					
ve the right to appeal any decisions. The	know my riahts a:	nd have rece	ived contact inform	ation for the Client A	Assistance Program (CAP)
te the right to appear any actisions. The	Miow my ngiits ar	ia nave rece	vea contact injoini	acion joi the chefit F	assistance i rogiani (CAI).
Consumer / Representative	Date		Speci	ialist	Date