



948 Walton Way
P.O. Box 519
Augusta, GA 30903
(706) 724-6262 (V/TTY)
(706) 724-6729 (FAX)
1-877-821-8400
www.waltonoptions.org

Walton Options and Consumer Service Commitment Form

Walton Options agreement:

Walton Options for Independent Living, Inc (WOIL) will provide Information & Referral, Advocacy, Peer Support, Life Skills Training and Transition support to you regardless of race, disability, age, religion, ethnicity, sex, or economic status in a respectful and professional manner. WOIL will work with you (as a partner) to obtain your stated goals as long as you are working cooperatively on the objectives. WOIL will strive to make sure the information provided to you is as accurate as possible.

Consumer agreement:

I, _____ of _____ County agree to provide accurate information to the staff working with me in order to assist in the successful outcome of my goals. I agree to work on my established tasks in the Independent Living Plan that I jointly created with WOIL staff. I further understand this is a JOINT (Team) effort that requires my full cooperation and participation to assist me to obtain my established outcome(s). My consumer Service Records will remain in active status as long as I'm working towards established objectives/goals. Failure to communicate within a 60-day period will be considered inactive participation.

Eligibility: Disability Cognitive Mental/Emotional Physical Hearing Vision
 Multiple Disabilities Other _____

Consumer Signature

Date

Employee Signature

Date