



ILS Cost Statement

Date:

Individual:

WRC Service Coordinator:

Agency:

Name

Vendor number

Hourly Rate:

Service/Activity:

Indicate the service, rate of service per hour including level of contact expected in reference to individual's needs, overall objectives and amount of hours authorized per month with current and ending funding dates.

Securing an Apartment and learning to reside independently: (# hrs/mo.)

Briefly describe current living arrangement as well as areas of needed improvement in relation to individual's abilities to maintain or achieve such arrangement, e.g., assistance to keep my apartment/home organized; describing what skills will be addressed (made bed, trash abatement, keeping good hygiene, etc). Describe how individual would achieve progress in this area through agency's intervention. Include efforts to attain individual's proper documentation if required (social security card, bus ID, CA. ID).

Goal 1:1: I will establish household routines to maintain a healthy lifestyle.

- a) The Agency will assist me to implement a daily/ weekly schedule of routines to participate in cleaning my living-room, kitchen, bathroom, bedroom and laundry in a safe and productive manner.
- b) The Agency will provide support, assistance, guidance, training and education on the following:
 - c) Hiring /training, supervising and dismissing support staff
 - d) Locating & selecting roommates
 - e) Obtaining adaptive equipment
 - f) Develop trusting relationships

Money Management/Budgeting Objective:**(# hrs/mo.)**

Include areas of assistance such as paying rent, bills, and overall effective financial management. Indicate areas in which individual will need additional assistance to prevent problems, e.g. spending money unwisely.

Goal 2:1: I will pay rent, utilities, cable, telephone bill and manage my daily allowance set forth in my monthly budget.

The Agency will provide support, assistance, guidance, training and education on the following:

- a) Interfacing with SSI/ SSDI
- b) Interfacing with landlord
- c) Banking
- d) Check writing
- e) Budgeting
- f) Money Management
- g) Bill paying
- h) Obtaining generically available discounts & subsidies

Health and Medical:**(# hrs/mo.)**

Discuss individual's support needs in relation to health issues that affect his/her lifestyle (CP, seizure disorder, etc). Include staff's efforts to insure optimal level of health (scheduling doctors' visitations/follow ups, medication monitoring/administration if required). Provide a general overview of current health condition.

Goal 3:1: I want to maintain an optimal level of health.

- a) It is recommended that the individual receive adaptive skills training from his supported living provider to assist him to develop competency in communication, home living skills, how to use community resources, health, safety, self care, social skills, self direction, reading, writing and budgeting.
- b) It is recommended that the individual receive support to locate, secure and access the services of a Psychiatrist and a Neurologist once living in Los Angeles.
- c) It is recommended that Individual's new supported living provider develop and implement a behavior support plan.

- d) It is recommended that Individual wear a medical bracelet to help emergency medical personnel. The bracelet should state whom to contact in an emergency and what medications he is on.

The Agency will provide support, assistance, guidance, training and education on the following

- a) Medication
- b) Health monitoring
- c) Accessing health care providers
- d) Support groups / counseling / therapy
- e) First aid education
- f) Positive Behavioral Supports
- g) Emergency medical / mental health services

Nutrition:

(# hrs/mo.)

Describe individual's diet plan for healthy living and steps to accomplish it (drawing a plan and purchasing healthy food choices at the store). Indicate assistance being rendered for fulfillment of objective including cooking.

Goal 4:1 I want to be in an optimal level of health by maintaining a healthy diet.

The Agency will provide support, assistance, guidance, training and education on the following

- A) Nutrition and meal planning
- B) Physical fitness

Social/Emotional Recreational Component/Mobility Training: (# hrs/mo.)

Describe individual's behavioral concerns if any and methods being used by the agency in assisting individual to develop appropriate solutions/responses to situations, e.g. placement in anger management counseling sessions. Indicate agency's efforts in supporting individual to participate in recreational/social activities whereby interdependence is encouraged and developed through a social circle of support with community resources. Describe how the individual is using public transportation to access these activities in the community.

Goal 5:1: I want to learn the public transportation system in new Community.

- a) The agency will provide support, assistance and guidance to research bus routines to significant locations/ community resources.
- b) The agency will provide encouragement to use public transportation to access all community resources.

- c) The agency will provide guidance when required to buy buss pass, use bus pass and communicate with driver.

Goal 5:2: I want to develop new friendships and relationships and maintain all current relationships in / Individual life.

- a) The agency will provide support and assistance to maintain all current relationships, reminding to phone people, encouragement to write to family and friends.
- b) The agency will provide support, assistance and guidance to develop trusting relationships with roommate and all new support staff.
- c) The agency will provide support, assistance and guidance to maintain circle of support through monthly gatherings.
- d) The agency will provide support, assistance and guidance to learn the concept of conflict resolution and practice behavior.

Work:

(# hrs/mo.)

Indicate if individual is involved in a vocational program or has already established IP (Individual Placement) or GP (group placement) through supported employment, or if individual is already employed outside of Dept. of Rehabilitation involvement. Describe activities individual is participating in during the day and agency's efforts in assisting individual seek employment.

Goal 6:1: I would like to explore and establish an employment opportunity within the next few months.

- a) The agency will provide me with support and guidance to connect with prospective employers within my community.
- b) The agency will assist me in developing a resume that I can present to future employers.
- c) The agency will assist me in getting prepared for job interviews and learn a bus route that I can use to get to work.
- d) The agency will guide me in narrowing my choices regarding vocational opportunities and select a job in the field of my liking.

Hygiene:

(# hrs/mo.)

Discuss areas of needed support to improve hygiene including showering, shaving, toileting, brushing teeth, etc. Indicate agency's efforts in addressing these areas as well as individual's disposition in cooperating with staff and overall progress/status.

Goal 7:1: I want to maintain a clean appearance and good personal hygiene.

The Agency will provide support, assistance, guidance, training and education on the following:

- a) Brushing my teeth
- b) Showering daily
- c) Cutting my nails
- d) Using deodorant and/or cologne/perfume
- e) Wearing clean clothes
- f) Learn other personal hygienic habits

Comments:

Mention any information that is unique and relevant about that specific individual including challenges in assisting him/her establish a supportive or independent living setting. Indicate special interests and individual's overall disposition toward receiving ILS/SLS services.

Indicate amount of hours of ILS service provided per month as well as current and ending dates of reauthorization.

(Name) Program Director
Agency's name.