

Agency:

**ILS CLIENT COST STATEMENT FORM**

**CLIENT** \_\_\_\_\_

**DATE** \_\_\_\_\_

Type of service	ISP objective	(Please include how long the objective has been in place)	Monthly hours per objective
<b>Training Habilitation</b> This would include all items that you work with the consumer in a training /educational manner, such as cooking, house hold chores, paying bills, money management, shopping, personal hygiene, taking medication, travel training, etc	1. 2. 3. 4.		
<b>Personal Attendant.</b> These would be items that you are performing for the client. This would either mean that you have determined that the client can not learn the item that is needed for the consumer to live on his or her own or that the activity needs to be done for the client while you are training the consumer in the activity. Such items may include, cooking, house hold chores, paying the consumers bills, shopping, personal hygiene, taking medication, etc.	1. 2. 3.		
<b>Maintenance</b> These activities include things that you have taught the consumer and how you monitor to insure that the client is maintaining the task. This may include monitoring the consumer's hygiene, insuring adequate food in the home, that the consumer is taking medication correctly, etc.	1. 2. 3.		
<b>Companionship</b> These items would include activities for the consumer that are companionship in nature, such as meeting friends, taking the consumer out to a restaurant, etc. Where either the ILS worker is providing the companionship or where the ILS working is facilitating the consumer building companionship. Please specify.	1. 2. 3.		
<b>Other</b>	1.		
<b>Generic services Please specify:</b> This would include such things as IHSS, recreation programs and generic companion programs. Ple ase indicate the approximate hours of the activity.			

Agency hourly rate

Total Authorized hours Per month

Total ILS cost per month

**Please mark the appropriate boxes**

- Client has a roommate
- Agency provides services to roommate
- Paid roommate situation

Volunteers work with consumer, If so how many hours in a month \_\_\_\_\_

Services for this consumer are shared with other consumers,

If so please specify \_\_\_\_\_

WRC Counselor \_\_\_\_\_

Name of roommate (s) \_\_\_\_\_