

ILS Cost Statement

Date:

Consumer:

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 client'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 client's abilities to maintain or achieve such arrangement, e.g., assistance to keep apartment/home organized, describing what skills will be addressed (made bed, trash abatement, keeping good hygiene, etc). Describe how client would achieve progress in this area through agency's intervention. Include efforts to attain client's proper documentation if required (social security card, bus ID, CA. ID). **Make sure to mention the client's goals in this area and attach specific outcomes to those goals.**

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

Include areas of assistance such as paying rent, bills, and overall effective financial management. Indicate areas in which client will need additional assistance to prevent problems, e.g. spending money unwisely. **Indicate client's goals and attach specific outcomes.**

Health and Medical: (# hrs/mo.)

Discuss client'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. **Indicate client's goals and attach specific outcomes.**

Nutrition:

(# hrs/mo.)

Describe client’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. **Indicate client’s goals and attach specific outcomes.**

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

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

Work:

(# hrs/mo.)

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

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 client’s disposition in cooperating with staff and overall progress/status. **Indicate client’s goals and attach specific outcomes.**

Comments:

Mention any information that is unique and relevant about that specific client including challenges in assisting him/her establish a supportive or independent living setting. Indicate special interests and client’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.