

**HOME BY CHOICE
INDEPENDENT LIVING PLAN**

Date: _____

Goal: Transition from nursing home

Consumer's Name: _____

Target date: _____

Transition date: _____

Objectives	Consumer's Responsibilities	Relocation Specialist's Responsibilities	Frequency of Contact	Target Date	Goal Met?

This individualized written Independent Living Plan (ILP) has been jointly developed by the consumer and a nursing home relocation specialist. This form will be updated as needed. A copy of this ILP was given to the consumer.

Consumer's signature _____ Relocation specialist's signature _____