



# LINC Consumer Eligibility Form

I, \_\_\_\_\_, state that I have the following disability(ies)

\_\_\_\_\_  
Primary Disability

\_\_\_\_\_  
Secondary Disability

My disability(ies) substantially limits me from functioning independently in the following area(s):

self-care

employment

mobility

housing

education

other (specify): \_\_\_\_\_

The services I am requesting will help me (check all that apply):

Improve my ability to function in my home and/or community

Maintain my ability to function in my home and/or community

Obtain, maintain, or advance my employment

I understand that it is my choice to have services provided to me under an Independent Living Plan (ILP), a formal plan which states my goals and the services I will receive) or I can choose to waive the plan. I choose:

Independent Living Plan  Waive Independent Living Plan

\_\_\_\_\_  
Consumers Signature

\_\_\_\_\_  
Date

By signing below, I determine as a representative of LINC that the applicant is eligible for services and has met the basic requirements specified in Section 364.40.

\_\_\_\_\_  
IL Specialist Signature

\_\_\_\_\_  
Date