



## 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 family or community

**maintain** my ability to function in my family or community

obtain, maintain or advance in 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 services I will receive) or I can choose to waive a 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 364.4.

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

\_\_\_\_\_  
Date

Boise: (208) 336-3335

Caldwell: (208) 454-5511

Twin Falls: (208) 733-1712

[www.lincidaho.org](http://www.lincidaho.org)