



TAPS

TRANSITION ADVOCACY PROGRAM SERVICES APPLICATION

Name: _____ Email: _____

Date of Birth: _____ Male: Female: Age: _____ Phone: _____

Address: _____

City: _____ County: _____ Zip: _____

Best Way to Contact You: _____

Race: White African American Amer. Indian Asian/Pacific Islander Hispanic

Are you on Social Security Income (SSI)? YES NO

What is your disability?

What kinds of life and workplace skills would you like to learn?

I understand the consumer service record information is necessary to determine eligibility and, therefore, mandatory. Failure to provide requested information may result in a determination of not being eligible for Independent Living Services.

DATE

CONSUMER / GUARDIAN / REPRESENTATIVE

Transition Advocacy Program Services (TAPS) Independent Living Plan

THE PURPOSE OF YOUR ILP IS TO ASSIST YOU TO ACHIEVE INDEPENDENCE

This document is for RRCI to know who is taking our in school program (TAPs). The Independent Living Plan is simply a goal that we have on file for your student to be working towards over the course of this school year. The goals for this program are Self Advocacy/Self-Empowerment, Vocational, and Community/Social Participation as most of the topics in this class fall under this category.

You have been certified as eligible for independent living services. All services are dependent upon the availability of funding. An individual is eligible for services when it has been determined that the person has: (1) A significant physical or mental disability; (2) the presence of a significant limitation in ability to function independently in family or community; and (3) an expectation these independent living/assistive technology services will significantly assist the individual to improve or maintain his or her ability to function independently in family or community.

It is understood that this program, developed jointly by you and your CIL IL Coordinator, is subject to modification based on changing circumstances and new information. If your circumstances change, this IL Plan may be modified or terminated.

Participation Statement: **Check one of the following.**

- Participation Statement: I will participate in the development of an Independent Living Plan.
- Waiver Statement: I understand the purpose of a written Independent Living Plan, but at this time I am waiving participating in the plan development. I understand that I can request participating in an Independent Living Plan at any time.

GOAL # 1 SELF/ADVOCACY/SELF-EMPOWERMENT

To assist the consumer in assessing the advocacy barriers that they are currently experiencing. Discuss appropriate solutions and assist them in accessing programs and services.

GOAL # 2 VOCATIONAL (for those 14 and up)

To assist the consumer in assessing the academic barriers they are currently experiencing. Discuss appropriate solutions to aid them in obtaining, maintaining, or advancing in employment.

GOAL # 3 COMMUNITY/SOCIAL PARTICIPATION

To assist the consumer in assessing the self-care barriers that they are currently experiencing. Discuss appropriate solutions and assist them in resources to include them into mainstream society and increase their participation in social and community activities.

INITIATION DATE	9/4/23
ANTICIPATION DURATION	5/24/24
COMPLETION DATE	

Services: (Check all that apply)

- Counseling and Guidance: Provide counseling and guidance.
- Information and Referral: Refer to appropriate programs.
- Youth Transition Services: To assist those consumers out of high school up to age 24 with transition needs to work, develop advocacy skills, soft skills, and explore career and independent living options.
- IL Skills Training and Life Skill Training – Such as: Dressing for job interviews, Employment readiness and Resume writing.
- Vocational Services: Assisting consumer with vocational needs such as employability skills, training, and development.

We have a monthly newsletter with information for community resources and other information about RRCI. Check a box below:

- I would like to receive the newsletter via email.
- I would NOT like to receive the newsletter via email.

ANNUAL REVIEW:

It is understood that there will be a review of this plan in 12 months or sooner depending on the duration of the TAPs course. Once the course is over, you have the option to continue using other services provided by RRCI or to close the ILP plan that we have on file. There is no cost to services or continuing services.

Anticipated Date of Next Review: _____

I understand that a Client Assistance Program representative is available to act as my advisor and advocate, and that I may call toll free 1-800-662-9080 or in Salt Lake 801-363-1347 to reach the Disability Law Center/Client Assistance Program (CAP), 205 North 400 West, SLC, UT 84103.

I understand that services in this program are provided without regard to sex, race, age, religion, color, or national origin according to Title VI of the Civil Rights Act, and Section 504, Rehab Act of 1973, as amended. The Independent Living Program also assures that no group of individuals will be excluded or found ineligible based on type of disability.

Consumer's Understanding of ILP

Consumer / Representative Signature

Date

CIL IL Coordinator's Signature

Date