

# Suffolk County Department of Social Services

## Online Shelter Independent Living Plan

### Login Form

- **User Name** - Enter User Name assigned to you by Suffolk County Department of Social Services.
- **Password** - The first time signing into the application, you will use the default password provided to you by DSS, enter the default password and you will then be asked to create your own password. Follow directions on the screen.

The screenshot shows a blue background with the title "Online Shelter Independent Living Plan" at the top. Below the title is the word "Authorization" in a smaller font. There are two input fields: "User Name:" followed by a white rectangular box, and "Password:" followed by a white rectangular box. Below these fields is a grey button with the word "Login" in black text. At the bottom left of the blue area, there is a small copyright notice: "@ 2018 Suffolk County DSS".

**Passwords Requirements:** one capital letter, one number and must be 8 – 12 characters in length total.

Labels with asterisks (\*) indicate required fields.

Labels with two asterisks (\*\*) are dependent on a selection of another field's value.

# Online Shelter Independent Living Plan Lookup and Data-Entry Forms

## Placement Form

Facility Selection- select your facility from the drop down menu. Search by Last Name /Case Number after facility is chosen (if placements exist).

The screenshot shows the 'INDEPENDENT LIVING PLAN' web application interface. At the top, there's a navigation bar with 'File', 'Edit', 'View', 'Favorites', 'Tools', and 'Help'. Below that, a search bar contains 'Case Last Name' and 'Case Number' fields, along with 'Clear Search' and 'Case Search' buttons. A 'Facility' dropdown menu is open, displaying a list of facilities including 'CHI Pond Road', 'CHI Testfacility', 'CHI Blue Point Road', 'CHI Wading River', 'CHI 1745 North Thompson Drive', 'CHI 1748 North Thompson Drive', 'CHI 1750 North Thompson Drive', 'CHI 442 Brook Avenue', 'CHI 444 Brook Avenue', 'CHI 446 Brook Avenue', 'CHI Brentwood Pkwy', 'CHI Shearwater', 'CHI St Johns Street', 'CHI Moreland', 'CHI Marie Lane', 'CHI Mill Road', 'CHI Highland Place', 'CHI East 3rd Street', 'CHI Edwards Road', 'CHI Workforce Development Center', 'CHI Koren Lane', 'CHI Church Lane', 'CHI 245 Terryville Road', 'CHI 486 Terryville Road', 'CHI Old Town Rd', 'CHI 21 Quogue Road', 'CHI Roanoke Ave', and 'CHI West Main'. A red arrow points to the dropdown menu.

Once selected, your shelter appears with its client placement(s) (if any).

The screenshot shows the 'INDEPENDENT LIVING PLAN' web application interface after a facility has been selected. The 'Facility' dropdown now shows 'Chi Testfacility'. Below the search bar, the 'User' is 'User Test' and the 'Organization' is 'Community Housing Innovations Inc.'. The 'Client Placement' section displays a table with the following data:

Case Last Name	Case First Name	Case Number	Facility Type	Adult Count	Child Count	ES	Case Status	Enter Date	Ext Date	
Deer	Doa	T10033	Shelter	1	0	N	Active	2018-03-09		<a href="#">Enter/View ILP</a>
Doe	John	T10037	Shelter	1	2	N	Active	2018-03-21		<a href="#">Enter/View ILP</a>
Geed	Pat	T10043	Shelter	1	0	N	Active	2018-03-21		<a href="#">Enter/View ILP</a>
Goofey	Mr	T10031	Shelter	1	1	N	Active	2018-03-09		<a href="#">Enter/View ILP</a>
Hawking	Josh	T10035	Shelter	1	2	N	Active	2018-03-21		<a href="#">Enter/View ILP</a>
ILP	Client	P00000001	Shelter	0	0	N	Active	2017-11-20		<a href="#">Enter/View ILP</a>
Mouse	Micky	T10030	Shelter	1	2	N	Active	2018-03-09		<a href="#">Enter/View ILP</a>
Nama	Joseph	T10034	Shelter	1	0	N	Active	2018-03-21		<a href="#">Enter/View ILP</a>
Nobeard	Marie	T10039	Shelter	2	1	N	Active	2018-03-21		<a href="#">Enter/View ILP</a>
Sailor	Popeye	T10032	Shelter	2	1	N	Active	2018-03-21		<a href="#">Enter/View ILP</a>

A red arrow points to the table.

# Online Shelter Independent Living Plan Edit and View ILP

Select a placement record and click on **Enter/View ILP Plan** link button.

Facility: Chi\_Tesifacety Placement Refresh Case Last Name Case Number Clear Search Case Search

User: User Test Organization: Community Housing Innovations Inc.

Client Placement

Case Last Name	Case First Name	Case Number	Facility Type	Adult Count	Child Count	ES	Case Status	Enter Date	Ext Date	Enter/View ILP
Deer	Doa	T10033	Shelter	1	0	N	Active	2018-03-09		Enter/View ILP
Doe	John	T10037	Shelter	1	2	N	Active	2018-03-21		Enter/View ILP
Geed	Pat	T10043	Shelter	1	0	N	Active	2018-03-21		Enter/View ILP
Goofey	Mr	T10031	Shelter	1	1	N	Active	2018-03-09		Enter/View ILP
Hawking	Josh	T10035	Shelter	1	2	N	Active	2018-03-21		Enter/View ILP
ILP	Client	P00000001	Shelter	0	0	N	Active	2017-11-20		Enter/View ILP
Mouse	Micky	T10030	Shelter	1	2	N	Active	2018-03-09		Enter/View ILP
Nama	Joseph	T10034	Shelter	1	0	N	Active	2018-03-21		Enter/View ILP
Nobear	Marie	T10039	Shelter	2	1	N	Active	2018-03-21		Enter/View ILP
Sailor	Popeye	T10032	Shelter	2	1	N	Active	2018-03-21		Enter/View ILP

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**Page Indicator-**  
Click on the page number to advance through the pages.

Note: If you get a pop-up blocker click on Allow Once and if you get another window click on Retry

# Online Shelter Independent Living Plan

## Add a New ILP Record

The ILP Plan form is shown and No ILP record have been found. Press **OK** command button to proceed. Press **Add** command button to add ILP plan record.

The screenshot shows the ILP form for Case Number T10037, Case Name Doe, John, and Case Status Active. The form includes fields for Facility Name, Resident Name, Other Name, Initial ILP, Bi-Weekly Review, Other Number, Housing Certified, Next Bi-Weekly Review Date, Expected Duration of THA Date, and Comments. There is a section for 'Check Documents Needed' with checkboxes for Birth Certificate, TA Card, Medicals, Passport, Budget Sheet, Medicaid Card, SS Card, Immunization Records, Food Stamps, and Other. At the bottom right, there are buttons for 'Copy And Add', 'Add', and 'Edit'. A red arrow points to the 'Add' button. A message box is open in the center, displaying a warning icon and the text 'No ILP records have been found!' with an 'OK' button.

Once the **Add** command button is pressed, some information is pre-entered. Continue with making selections and once completed press on **Save New ILP** command button. If required field(s) is missing value, an alert message will pop-up to inform you about missing value. (see below)

The screenshot shows the ILP form after the 'Add' button was pressed. The 'Facility Name' field is now populated with 'Chi\_Testfacility'. The 'Resident Name' dropdown is set to 'Doe, John'. The 'Next Bi-Weekly Review Date' is set to '5/24/2018'. The 'Add' button has been replaced by 'Save New ILP'. A message box is open in the center, displaying a warning icon and the text 'The initial ILP plan nor bi-weekly review check was not checked! Make one selection - only one is allowed.' with an 'OK' button.

# Online Shelter Independent Living Plan

## Add a New ILP and Service Needs Record

Once saved, the record appears on the ILP plan grid view. "Record(s) updated successfully;" click **OK**

ILP for Case Number: T10037 Case Name: Doe, John Case Status: Active

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/07/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe John		05/21/2018

Facility Name\* Chi\_Testfacility Resident Name\* Doe John Other Name Initial ILP\*\*  Bi-Weekly Review\*\*

Other Number Housing Certified

Next Bi-Weekly Review Date\* 05/21/2018 Expected Duration

Check Documents Needed  
Birth Certificate  TA Card  Medicals  Passport  Budget Sheet   
Medicaid Card  SS Card  Immunization Records  Food Stamp

Message from webpage  
Record(s) updated successfully!  
OK

Copy And Add Add Edit

Enter/View Service Needs

Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date

ILP Preview

Required\* Select Either Initial ILP or Bi-Weekly Review\*\*

# Online Shelter Independent Living Plan

## Add a New ILP Service Needs Record

To enter **Service Needs**, select ILP record and press **Add** link button. Enter desired information on Service Needs grid. If a required field's value isn't entered, an alert message will pop-up to notify you about missing information.

ILP for Case Number: T10037      Case Name: Doe, John      Case Status: Active

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/16/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe John		05/30/2018

Facility Name\*  Resident Name\*  Other Name  Initial ILP\*\*  Bi-Weekly Review\*\*

Other Number  Housing Certified

Next Bi-Weekly Review Date\*  Expected Duration of THA Date  Comments

**Check Documents Needed**  
 Birth Certificate  TA Card  Medicals  Passport  Budget Sheet   
 Medicaid Card  SS Card  Immunization Records  Food Stamps  Other

Copy And Add    Add    Edit

**Enter/View Service Needs**

Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Add Cancel

ILP Preview

Required\* Select Either Initial ILP or Bi-Weekly Review\*\*



Once required fields are filled in the Service Needs press **Save** link button. If a required field's value isn't entered, an alert message will pop-up to notify you about missing information, see below.

ILP for Case Number: T10037      Case Name: Doe, John      Case Status: Active

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/10/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe John		05/24/2018

Facility Name\*  Resident Name\*  Other Name  Initial ILP\*\*  Bi-Weekly Review\*\*

Other Number  Housing Certified

Next Bi-Weekly Review Date\*  Expected Duration of THA Date  Comments

**Check Documents Needed**  
 Birth Certificate  TA Card  Medicals  Passport  Budget Sheet   
 Medicaid Card  SS Card  Immunization Records  Food Stamps

Copy And Add    Add    Edit

**Enter/View Service Needs**

Date Entered	Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date
05/16/2018	Doe, John	Medical		will continue treatment for high blood pressure.	Foundling family ctr.	05/17/2018	Active	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

Save Cancel

ILP Preview

Required\* Select Either Initial ILP or Bi-Weekly Review\*\*

Message from webpage

Start date cannot be blank!

OK



# Online Shelter Independent Living Plan

## Add a New ILP Service Needs Record

“Record(s) updated successfully; press **OK**. Once saved, select the ILP record and the record will appear on the Service Needs grid view.

**ILP for Case Number: T10037      Case Name: Doe, John      Case Status: Active**

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/07/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe John		05/21/2018

Facility Name\*     Resident Name\*     Other Name     Initial ILP\*\*     Bi-Weekly Review\*\*   
 Other Number     Housing Certified

Next Bi-Weekly Review Date\*     Expected Duration of THA Date

**Check Documents Needed**

Birth Certificate     TA Card     Medicals     Passport     Budget Sheet   
 Medicaid Card     SS Card     Immunization Records     Food Stamps     Other

Message from webpage

Record(s) updated successfully!

**Enter/View Service Needs**

Date Entered	Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date	
05/16/2018	Doe, John	Medical		will continue treatment for high blood pressure.	Foundling family ctr.	05/17/2018	Active		
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<a href="#">Add</a> <a href="#">Cancel</a>

**ILP Preview**

# Online Shelter Independent Living Plan

## Edit an Existing ILP Record

Select an ILP Plan record by clicking on a specific record. If date entered is today's date, edit mode is allowed as shown for ILP Plan section. If date entered is not today's date, edit button is hidden. Press **Edit** link button.

ILP for Case Number: T10037 Case Name: Doe, John Case Status: Active

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/07/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe John		05/21/2018

Facility Name\* Chi\_Testfacility Resident Name\* Doe John Other Name Other Name Initial ILP\*\*  Bi-Weekly Review\*\*

Other Number Housing Certified

Next Bi-Weekly Review Date\* 05/21/2018 Expected Duration of THA Date Comments This is a test 5/7/18 MC

**Check Documents Needed**  
 Birth Certificate  TA Card  Medicals  Passport  Budget Sheet   
 Medicaid Card  SS Card  Immunization Records  Food Stamps  Other

Copy And Add Add Edit

Enter/View Service Needs

Date Entered	Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date
05/07/2018	Doe, John	Other	needs food stamps	CL - Referred client to the center	test	05/08/2018	Active	

Delete Edit Add Cancel

Once the changes are completed click **Save Current ILP** link button. Pop-up message window will display "Record(s) updated successfully; click **OK** . To view the changes, select the ILP Record.

ILP for Case Number: T10037 Case Name: Doe, John Case Status: Active

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/10/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe John		05/24/2018

Facility Name\* Chi\_Testfacility Resident Name\* Doe John Other Name Other Name Initial ILP\*\*  Bi-Weekly Review\*\*

Other Number Housing Certified

Next Bi-Weekly Review Date\* 05/24/2018 Expected Duration of THA Date Comments

**Check Documents Needed**  
 Birth Certificate  TA Card  Medicals  Passport  Budget Sheet   
 Medicaid Card  SS Card  Immunization Records  Food Stamps

Copy And Add Save Current ILP Cancel

Enter/View Service Needs

Date Entered	Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date
05/10/2018	Doe, Mary	Job Training				05/11/2018	Active	

Delete Edit Add Cancel

ILP Preview

Required\* Select Either Initial ILP or Bi-Weekly Review\*\*

Message from webpage

Record(s) updated successfully!

OK

# Online Shelter Independent Living Plan

## Edit an Existing Service Needs Record

To Edit the Service Needs, select the ILP Record , press **Edit** make the changes, and press the **Update** link button. A related ILP service need record(s) shows up.

ILP for Case Number: T10037 Case Name: Doe, John Case Status: Active

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/07/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe John		05/21/2018

Facility Name\* Chi\_Testfacility Resident Name\* Doe John Other Name  Initial ILP\*\*  Bi-Weekly Review\*\*

Other Number  Housing Certified

Next Bi-Weekly Review Date\* 05/21/2018 Expected Duration of THA Date  Comments This is a test 5/7/18 MC

**Check Documents Needed**  
 Birth Certificate  TA Card  Medicals  Passport  Budget Sheet   
 Medicaid Card  SS Card  Immunization Records  Food Stamps  Other

Copy And Add Add Edit

**Enter/View Service Needs**

Date Entered	Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date	
05/07/2018	Doe, John	Other	needs food stamps	CL - Referred client to the center	test	05/08/2018	Active		<a href="#">Update</a> <a href="#">Cancel</a>

ILP Preview

Required\* Select Either Initial ILP or Bi-Weekly Review\*\*

Pop-up message window will displayed "Record(s) updated successfully;" click **OK**

ILP for Case Number: T10037 Case Name: Doe, John Case Status: Active

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/07/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe John		05/21/2018

Facility Name\* Chi\_Testfacility Resident Name\* Doe John Other Name  Initial ILP\*\*  Bi-Weekly Review\*\*

Other Number  Housing Certified

Next Bi-Weekly Review Date\* 05/21/2018 Expected Duration of THA Date  Comments This is a test 5/7/18 MC

**Check Documents Needed**  
 Birth Certificate  TA Card  Medicals  Passport  Budget Sheet   
 Medicaid Card  SS Card  Immunization Records  Food Stamps  Other

Copy And Add Add Edit

**Enter/View Service Needs**

Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date	
								<a href="#">Add</a> <a href="#">Cancel</a>

ILP Preview

Required\* Select Either Initial ILP or Bi-Weekly Review\*\*

# Online Shelter Independent Living Plan

## Copy and Add Records

To create a new bi-weekly ILP, you can copy an exiting ILP record with all its service needs. Select a desired ILP plan record. Press **Copy and Add** command button to copy ILP and all service need records. "Records(s) updated successfully;" click **OK**

**ILP for Case Number: T10037**      **Case Name: Doe, John**      **Case Status: Active**

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/07/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe John		05/21/2018

Facility Name\*     Resident Name\*     Other Name     Initial ILP\*\*     Bi-Weekly Review\*\*

Other Number     Housing Certified

Next Bi-Weekly Review Date\*     Expected Duration of THA Date     Comments

**Check Documents Needed**

Birth Certificate     TA Card     Medicals     Passport     Budget Sheet

Medicaid Card     SS Card     Immunization Records     Food Stamps

**Enter/View Service Needs**

Date Entered	Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date	
05/07/2018	Doe, John	Other	needs food stamps	CL. - Referred client to the center	CHI - DSS	05/08/2018	Active		<a href="#">Delete</a> <a href="#">Edit</a>
									<a href="#">Add</a> <a href="#">Cancel</a>

**ILP Preview**

Message from webpage

Record(s) updated successfully!

The newly copied and added record is added to the ILP grid view.

**ILP for Case Number: T10037**      **Case Name: Doe, John**      **Case Status: Active**

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/07/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe John		05/21/2018
05/07/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe John		05/21/2018

Facility Name\*     Resident Name\*     Other Name     Initial ILP\*\*     Bi-Weekly Review\*\*

Other Number     Housing Certified

Next Bi-Weekly Review Date\*     Expected Duration of THA Date     Comments

**Check Documents Needed**

Birth Certificate     TA Card     Medicals     Passport     Budget Sheet

Medicaid Card     SS Card     Immunization Records     Food Stamps     Other

**Enter/View Service Needs**

Date Entered	Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date	
05/07/2018	Doe, John	Other	needs food stamps	CL. - Referred client to the center	CHI - DSS	05/08/2018	Active		<a href="#">Delete</a> <a href="#">Edit</a>
									<a href="#">Add</a> <a href="#">Cancel</a>

**ILP Preview**

# Online Shelter Independent Living Plan Deletion of ILP Service Need Record

Only records entered on the same day are allowed to be deleted. If date entered is not today's date, delete button is hidden. Select the record and Press **Delete** link button. A pop-up message window will displayed "Do you want to delete this record;" click **Ok**.

ILP for Case Number: T10037      Case Name: Doe, John      Case Status: Active

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/09/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe Joey		05/23/2018

Facility Name\*  Resident Name\*  Other Name  Initial ILP\*\*  Bi-Weekly Review\*\*

Other Number  Housing Certified

Next Bi-Weekly Review Date\*  Expected Duration of THA

**Check Documents Needed**

Birth Certificate  TA Card  Medicals  Passport  Budget Sheet   
 Medicaid Card  SS Card  Immunization Records  Food Stamps  Other

Message from webpage

? Do you want to delete this record?

OK      Cancel

Copy And Add      Add      Edit

**Enter/View Service Needs**

Date Entered	Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date
5/09/2018	Doe, Joey	Other	Food Stamp	CL-REPORT TO MS. JOHNSON, HOUSING SPECIALIST	MS. JOHNSON, HOUSING ROOM 202	05/11/2018	Active	<a href="#">Delete</a> <a href="#">Edit</a>

Record is deleted from the service needs grid view. "Record(s) updated successfully;" Click **OK**

ILP for Case Number: T10037      Case Name: Doe, John      Case Status: Active

Date Entered	Facility Name*	Initial ILP**	Bi-Weekly Review**	Resident Name*	Other Name	Next Bi-Weekly Review Date
05/09/2018	Chi_Testfacility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doe Joey		05/23/2018

Facility Name\*  Resident Name\*  Other Name  Initial ILP\*\*  Bi-Weekly Review\*\*

Other Number  Housing Certified

Next Bi-Weekly Review Date\*  Expected Duration of THA

**Check Documents Needed**

Birth Certificate  TA Card  Medicals  Passport  Budget Sheet   
 Medicaid Card  SS Card  Immunization Records  Food Stamps  Other

Message from webpage

! Record(s) updated successfully!

OK

Copy And Add      Add      Edit

**Enter/View Service Needs**

Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date
<input type="text" value=""/>	<a href="#">Add</a> <a href="#">Cancel</a>						

ILP Preview

Required\* Record is now deleted from the Needs Grid Select Either Initial ILP or Bi-Weekly Review\*\*

# Online Shelter Independent Living Plan

## Display ILP Report

Select the ILP record and Press **ILP Preview** command button to view the report.

Date Entered	Resident Name*	Service Need*	Other Service Need*	Task Description*	Service Provider/Agency*	Start Date*	Status*	Completion Date	
05/07/2018	Doe, John	Other	needs food stamps	CL - Referred client to the center	CHI - DSS	05/08/2018	Active		Delete Edit
									Add Cancel

**ILP Preview**

1 of 1
100%
Find | Next

### INDEPENDENT LIVING PLAN

Rev. 05/17

#### Chi\_Testfacility

Today's Date: 05/16/2018

(Facility Name)

Resident Name: Doe John    Apt #: \_\_\_\_\_    Initial Independent Living Plan:     Bi-Weekly Review     Date of Admission: 03/21/2018

Other Adult: \_\_\_\_\_    Family Composition: 1 / 2    Temporary Assistance Case #: T10037    Other #: \_\_\_\_\_

Temporary Assistance Case Status: Active    Housing Certified:     Type: Shelter

Resident Name	Service Need	Other Service Need	Task Description (Client/Staff Responsibility)	Service Provider/Agency	Start Date	Status	Completion Date
Doe, John	Medical		will continue treatment for high blood pressure.	Foundling family ctr.	05/17/2018	Active	

**TYPES OF SERVICE NEEDS CHECKLIST**

HOUSING	EDUCATION	BENEFITS	PARENTING SKILLS	LEGAL SERVICES	DOMESTIC VIOLENCE
CHILD/REC	JOB TRAINING	CHILD WELFARE	IMMIGRATION	SUBSTANCE/ALCOHOL ABUSE	MENTAL HEALTH
COUNSELING	EMPLOYMENT	MEDICAL	INDEPENDENT LIVING SKILLS	COMMUNITY TIES	OTHER

Date of Next Bi-weekly Review: 05/30/2018    Expected Duration of THA: \_\_\_\_\_

**Check Documents Needed**

Birth Cert.	<input type="checkbox"/>	Medicaid Card	<input checked="" type="checkbox"/>
TA Card	<input type="checkbox"/>	SS Card	<input type="checkbox"/>
Medical Doc	<input checked="" type="checkbox"/>	Immunization Records	<input type="checkbox"/>
Passport	<input type="checkbox"/>	Food Stamps	<input type="checkbox"/>
Budget Sheet	<input type="checkbox"/>	Other	_____

I have assisted in the development of and understand the above Independent Living Plan, as required by regulations, as a provision for achieving self-sufficiency and housing. I further understand that failure to comply with the development and completion of this plan, or any temporary assistance or housing requirement as prescribed in 18 NYCRR Sections 352.35 & 900.10 (c) (1), may result in the discontinuance of my temporary housing.

Resident Signature: \_\_\_\_\_    Date: \_\_\_\_\_    Caseworker Signature: \_\_\_\_\_    Date: \_\_\_\_\_