



**Working Healthy**  
*Making health care work*

# WORK (Work Opportunities Reward Kansans)

## Plan for Independence

### Contact Information:

Name:	
Address:	
City:	
Street:	
Zip:	
Phone:	
Initial Plan Date:	
Revision Date:	

Social Security Number:	
Medicaid ID Number:	
Birth date:	
Gender:	
County:	
SRS Regional Area:	
SRS HSS Worker:	
Annual Assessment for WORK Date:	
<b>Annual Medicaid Eligibility review Date:</b>	

**Independent Living Counseling** (check yes or no)

Yes

No

I choose to use Independent Living Counseling service

Note: Independent Living Counseling has a cap of 480 units (120 Hours) annually

IL Counseling Agency Name:

Address

City

State

Zip

Phone

**Assistive Services**

What types of Assistive Technology and services do you currently use to support your independence? \_\_\_\_\_

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Briefly describe any Assistive Technology services you need this year, how this will increase your independence, employment, health and safety or prevent institutionalization, and an estimated overall cost.

Technology	Justification statement	Estimated Cost	Estimated PAS savings

**Schedule Table Times, Tasks, Staff****Typical Workday Tasks****Staff**

6:00 AM		
7:00 AM		
8:00 AM		
9:00 AM		
10:00 AM		
11:00 AM		
12:00 PM		
1:00 PM		
2:00 PM		
3:00 PM		
4:00 PM		
5:00 PM		
6:00 PM		
7:00 PM		
8:00 PM		
9:00 PM		
10:00 PM		
11:00 PM		
12:00 AM		
1:00 AM		
2:00 AM		
3:00 AM		
4:00 AM		
5:00 AM		

**Total Number of Workday Hours** \_\_\_\_\_

**Schedule Table Times, Tasks, Staff****Typical Non-Workday****Tasks****Staff**

6:00 AM		
7:00 AM		
8:00 AM		
9:00 AM		
10:00 AM		
11:00 AM		
12:00 PM		
1:00 PM		
2:00 PM		
3:00 PM		
4:00 PM		
5:00 PM		
6:00 PM		
7:00 PM		
8:00 PM		
9:00 PM		
10:00 PM		
11:00 PM		
12:00 AM		
1:00 AM		
2:00 AM		
3:00 AM		
4:00 AM		
5:00 AM		

**Total Number of Non-Workday Hours** \_\_\_\_\_

**Allocation Total**

<b>Total Workday hours X days worked =</b>		<b>Hrs.</b>
<b>Total Non-Workday hours X Non Workdays =</b>		<b>Hrs.</b>
<b>Total Weekly hours</b>		<b>Hrs.</b>
<b>Total Weekly hours x 4.33 =</b>	<b>Hrs.</b>	<b>(Total Monthly hours)</b>
<b>Total Monthly hours X \$13.25</b>	\$ .	<b>(Total Allocation)</b>

*Calculation:**Add Total Workday and Total Non-Workday hours = Total weekly hours**Total Weekly hours x 4.33 = Total Monthly hours**Total Monthly hours x \$13.25 = Total Allocation***Signatures:**

The times and activities on this form are estimates of the times and activities necessary to support my independence. I participated in the development of this document, and agree that it reasonably reflects my support needs.

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 Signature of Beneficiary

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 Date

Approval of this Plan for Independence

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 Signature of WORK Program Manager

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 Date