



Arkansas Department of Human Services Division of Children and Family Services

Chafee Foster Care Independence Program Independent Living Skills Plan

Youth's Name: (typed or printed) _____

CHECK ONE OF THE FOLLOWING:

1. Youth refused to participate in ILP services
2. Youth is not capable to participating in ILP services
3. Youth not eligible to participate in ILP services
4. Youth is capable of and has participated in ILP services

NOTE: If you checked number 4 above, fill out items a., b. and c. below.

a. Life Skills Assessment Completion Date - _____

b. Life Skills Assessment Review Date - _____

c. Life Skills Training is listed on the Youth's Placement Plan - Yes No

COMMENTS:

PLEASE NOTE:

The following documents are attached to this plan:

1. The Ansell-Casey Life Skills Assessment;
2. The Chafee Foster Care Independence Program Participation Agreement.

The documents attached to this plan identify the skills the child needs to learn. They also establish the tasks required of the child, the foster parent(s) and the Department of Human Services and Division of Children and Family Services.