

Arctic Access, Inc.

CONSUMER CERTIFICATION FORM

Consumer Name: _____ SSN: _____

Date: _____

Eligibility for Services:

Based upon the following reasons, you have been determined eligible for Independent Living Services:

Please check appropriate boxes

- 1. It has been determined that you have a physical, mental/emotional or sensory disability.
- 2. This disability constitutes or results in a substantial limitation to independent living and/or employment.
- 3. There is a reasonable expectation that Independent Living Services may be of benefit in terms of independent living and/or employment.

IL Specialist Signature _____

Independent Living Plan Waiver

By signing below, I hereby waive the need for Access Alaska, Inc. to develop a formal Independent Living Plan as defined by the Rehabilitation Act of 1994.

Consumer Signature _____

Client Assistance Program Notification

I acknowledge that Access Alaska, Inc. has explained the purpose of the Client Assistance Program (CAP) and provided a brochure with the addresses and telephone numbers of offices statewide.

Consumer Signature _____