

Missouri Department of Social Services
 Division of Family Services
Independent Living Development Account Designation

CASE NAME	CASE NUMBER
<p>I have established the following Independent Living Development Account and will maintain it to provide savings for transportation, housing, home modification, and personal care services and assistive devices associated with my disability.</p> <ul style="list-style-type: none"> • I will limit deposits to this account to earnings from my employment while participating in the Medical Assistance for Workers with Disabilities program. Interest earned in this account may also remain in this account. • I will not deposit other funds into this account. • I understand that I may not dispose of these resources for any purpose other than transportation, housing, home modification, and personal care services and assistive devices associated with my disability. 	
Description of Independent Living Development Account:	
Institution Name:	
Institution Address:	
Type of Account:	
Account Number:	
SIGNATURE	DATE
WITNESS	WITNESS