

SELF-DIRECTED BACK-UP PLAN

Name _____ TCM _____ Date _____

Service ___ SHC ___ PAS

Briefly describe your emergency back-up plan. This plan should include your steps if: (1) an attendant does not show up at a critical time; or (2) you are in a situation where you need another attendant.

Contact list in case an attendant doesn't show up:

(List of attendants who can provide emergency care)

Who to Contact	Contact phone number; indicate whether it is (c)cell, (h) home or (w) work	Contact signature which indicates they agree to be the contact/back up if needed
1.	Cell Home Work	
2.	Cell Home Work	
3.	Cell Home Work	

Other information in case an attendant doesn't show up or you need another attendant:

Contact list for support in emergency:

(List of who to contact to assist with decisions in an emergency, i.e. power outage, flooding, tornado, fire etc.)

Who to Contact	Contact phone number; indicate whether it is (c)cell, (h) home or (w) work	Contact signature which indicates they agree to be the contact/back up if needed
1.	Cell Home Work	
2.	Cell Home Work	
3.	Cell Home Work	

Other information in case of an emergency:

Contact list of people who are authorized to help make decisions or sign documents for you:

(Legal Guardian, Representative Payee, etc.)

Who to Contact	Contact phone number; indicate whether it is (c)cell, (h) home or (w) work	Contact signature which indicates they agree to be the contact/back up if needed
1.	Cell Home Work	
2.	Cell Home Work	
3.	Cell Home Work	

Signature of Person

Date

Signature of Person helping to develop this back-up plan

Agency or Relationship to the Person

Completion of this form indicates interest in directing in-home supports for yourself or the individual you represent. These in-home supports will provide nutritional and environmental support functions, non-medical personal care functions and health maintenance tasks, assistance with functions of daily living, self-care and mobility as needed and in accordance with the individual's person-centered plan and with the definition of in-home supports.

If in the delivery of your Self Directed Supported Home Care or Personal Assistant Service, an A.N.E. (Abuse, Neglect, Exploitation) is called in, on your behalf, you or your Self Directed representative that you have appointed has the right to suspend your worker until a complete investigation has been completed. Signing this document attests to the above agreement you have entered into by Self Directing your service.