

Choices for Care-Department of Disabilities, Aging and Independent Living

Emergency Contacts & Back-up Plan

This plan shall be reviewed and updated by the case manager as needed. A copy must be maintained in the individual's home in a conspicuous place.

Individual's Name: _____ Date created: _____

I. Emergency Contacts

In the event of a medical emergency or fire, call 911.

Emergency family/friend contact: _____

Relationship to individual: _____

Phone numbers: _____/home _____/work

Primary Doctor: _____

Normal hours of operation: _____ phone number: _____

After-hours on-call phone number: _____

Home Health Agency: _____

Normal hours of operation: _____ phone number: _____

After-hours on-call phone number: _____

Case Management Agency: _____

Normal hours of operation: _____ phone number: _____

After-hours on-call phone number: _____

NOTE: Individuals enrolled with a **Personal Emergency Response System (PERS)** provider may push the PERS button in any emergency. For questions regarding PERS services, contact your case manager.

II. Back-up Personal Care

In the event that the personal care attendant is unavailable, indicate at least one confirmed back-up person to contact that can fill-in to provide or arrange for care:

1. Name: _____

Relationship to individual: _____

Phone numbers: _____/home _____/work

2. Name: _____

Relationship to individual: _____

Phone numbers: _____/home _____/work

If none, indicate reason: