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)](http://example.com) 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: