**Emergency Backup Plan**

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| **Participant name:** |  |

Briefly describe your emergency back-up plan. This plan should include your steps if: (1) an attendant doesn’t show up at a critical time; or (2) you are in a situation where you need another attendant. For instance, list the people you will call, including names and phone numbers. List plans for service animals or pets, list people to notify in case of any type of emergency (and how to reach them) and list your plans for disaster preparedness. **Do not list any current full-time attendants, Community Services Coordinator, or MCO Care Coordinator/ Case Manager. Anyone listed must be local (geographically close enough to the member to physically assist), is able to provide support until the situation has been resolved, and CSC must verify that the contact agrees to provide this support. All *STEPS* policies and procedures must be followed.**

**Section A: Attendant Support**

Contact list in case an attendant doesn’t show up or if attendant's employment has been terminated leaving member without assistance. This can be informal/unpaid support such as a guardian or it can be a formal support such as an agency provider or self-direct personal attendant provider who is not a current full time attendant.

**List of attendants who will provide emergency care.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who to contact** | **Contact phone number** | **Contact address** | **Verified by CSC** |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |

Other plans in case of a critical need for attendant care or in case an attendant doesn’t show up:

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**Section B: Emergency/Natural Disaster**

Contact list for support in an emergency such as a natural disaster, for example a power outage.

**List who to contact to assist in the event of an emergency/natural disaster**

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| --- | --- | --- | --- |
| **Who to contact** | **Contact phone number** | **Contact address** | **Verified by CSC** |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |

Other plans for emergency/disaster preparedness:

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**Section C: Emergency Plan for Pets and/or Service Animal**

Contact list for care of service animals/pets. Examples of need: emergency/disaster, hospitalization, etc. Care of and/or housing of any pets or service animal is the responsibility of the member. This assistance would be in an informal or unpaid capacity or this can be paid by the member (such as to kennel animal).

**List of who to contact to assist with pets and/or service animal**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who to contact** | **Contact phone number** | **Contact address** | **Verified by CSC** |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |

Other plans for care of pets and/or service animal:

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**Section D: Authorized Decision-makers for the Participant**

Contact list of people who are authorized to help make decisions or sign documents for you. Examples: Legal Guardian, Representative Payee, etc. Persons listed below cannot be paid providers.

**List of individuals and/or organizations authorized to make decisions on your behalf, if applicable**

|  |  |  |  |
| --- | --- | --- | --- |
| **Who to contact** | **Contact phone number** | **Contact address** | **Verified by CSC** |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |
|  |  |  | Initial:  \_\_\_\_\_\_\_ |

**In order for this Emergency Backup Plan to be approved, it must be realistic, viable, and verified.**

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| --- | --- |
| Signature of Participant | Date |
| Signature of CSC assisting to develop this plan | Date |
| Signature of Approving MCO Representative | Date |