

Participant Name	Authorized Representative Name (if applicable)

Each Participant is required to have an Emergency & Backup Plan. Consumer Direct Care Network (CDCN) will assist you in developing your plan. You should use this if your regularly scheduled Participant-directed Worker cannot work or if you have an emergency. It is your responsibility to use,

not effective. The pote	ur Emergency & Backup Plan. The ential risks may include loss of emper forms of harm or injury, up to a	loyment, place	ement in a ho	•
Plan of Action				
Primary Caregiver – Sta	art by identifying your primary car	egiver:		
My primary Par	ticipant-directed Worker is:			
Their phone nu	mber is:	<u></u>		
• •	ease list who you will call if your n include friends, family, past careg	•	•	(s) cannot work.
Name	Address (City and Zip)	Days/Time Not Available		Phone
Other Supports – Pleas Relative	se list other supports you will call it	you think you	r health and s	afety are at risk
Name	Address	City	Zip	Phone
Case Manager				
Name	Address	City	Zip	Phone
Physician				
Name	Address	City	Zip	Phone

Page 1 of 2 Rev. 07/24/2018



In an emergency I could also: (check all that may apply)				
☐ Activate PERS				
☐ Contact 911				
□ Other				
Remember these things when considering your Emergency & Backup Plan. Don't get caught unprepared! Please check the boxes to show you've reviewed the following information.				
☐ I (Participant/Authorized Representative) will talk with backup caregivers before an emergency comes up. We will discuss employment, pay, availability, and my personal care needs.				
☐ I will identify the personal care tasks that must be performed in a given day. These are the tasks that are essential to my health and safety. In an emergency situation I may only get these essential needs met. I will keep my list of essential needs updated and available to any backup caregivers.				
☐ I know that in order for a caregiver to be paid, they must complete all employment paperwork and pass a background check. CDCN will notify me in writing with an "Okay to Work" letter letting me know they are authorized to begin working.				
☐ If I think I am at risk for abuse, neglect or exploitation I should contact my Support Broker right away.				
Creation Date:				
Revision Date:				

The back-up plan should be maintained in your Participant Guidebook.

Rev. 07/24/2018 Page 2 of 2