



EMERGENCY BACKUP PLAN
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 AGING SERVICES DIVISION-MFP
 SFN 926 (11-2021)

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|---|-------|---------------|------------------|-----------------------------|
| Consumer Name | | Email Address | | Date |
| Community Address | | | | County |
| City | State | ZIP Code | Telephone Number | |
| Physician/Clinic Name | | | | Physician/Clinic Fax Number |
| List Special Communication Needs | | | | |
| List Health-Related Support Needs/Diagnosis | | | | |
| How often does the consumer want the nurse to call for follow-up? | | | | |
| Issues to be Addressed by Nursing Follow-up? | | | | |
| Local Follow-up Contact Name | | | | Telephone Number |

BACKUP PLAN

LEVEL 1 - Support to meet health, welfare, safety, and well-being needs: Qualified Service Providers, Family, Friends, Doctor, County, Centers for Independent Living, Public Health, etc.

| Name | Relationship | Telephone Number |
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LEVEL 2 - If consumer experiences a crisis and no one on the above list is available to help, call:
24-Hour Nurse Call Service Nurse Assessment 1-866-435-4306

LEVEL 3 - In case of emergency , call: **911**

TRANSPORTATION OPTIONS FOR CONSUMER

| Name or Agency (examples: Family, Friend or Neighbor, etc.) | Telephone Number | Type of Transportation (examples: Taxi, Senior Citizen Bus) |
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SECTION 17: HOME MEDICAL EQUIPMENT REPAIR OPTIONS

| Consumer's Home Medical Equipment | Agency It Is Leased/Purchased From | Agency Telephone Number |
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