



EMERGENCY BACKUP PLAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING SERVICES-MFP

SFN 926 (9-2022)

Consumer Name		Email Address	Date	
Date of Birth	Medicaid number	County	Telephone Number	
Community Address		City	State	ZIP Code
Physician/Clinic Name			Physician/Clinic Fax Number	
List Special Communication Needs				
List Health-Related Support Needs/Diagnosis				
Does the consumer want the nurse to call for follow-up? <input type="checkbox"/> No <input type="checkbox"/> Yes - How Often? _____ (maximum weekly)				
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

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)

HOME MEDICAL EQUIPMENT REPAIR OPTIONS

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