



INCharge Self-Directed Services Back-up Plan

A Back up Plan helps you know what to do in an emergency. It has important information about you and your support needs. It includes what to do if one of your self-directed workers is unable to show up for their scheduled work hours. Keep a copy of this back-up plan in a place where you and those who support you can find it. Review the plan periodically and make sure it is up to date.

Personal Information

Name: _____

Phone
number: _____

Address: _____

Legal Guardian/Power of Attorney/Parent of Minor Child (if
applicable): _____

Phone
number: _____

Address: _____

Self-Directed Representative (if
applicable): _____

Phone
number: _____

Address: _____

Emergency Contact Information



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List two people you trust who can help you in an emergency.

Name: _____

Phone
number: _____

Address: _____

Name: _____

Phone
number: _____

Address: _____

Case Manager

Name: _____

Phone
number: _____

Emergency Plan

List what you will do in the following emergency situations:

Health
emergency: _____



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Household
emergency: _____

Weather
emergency: _____

Self-Directed Workers

List the steps you will take if one of your self-directed workers is unable show up for their scheduled work hours:

1. _____

2. _____

3. _____

4. _____

Support Needs

List any types of adaptive equipment you rely on such as a wheelchair, communication device, etc.

List any instructions for the care, maintenance, or handling of adaptive equipment.



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Contact information for who can make repairs to your equipment

Name: _____

Phone
number: _____

List any specific communication needs such as sign-language, communication preferences, etc.

List any specific instructions for you support needs

Insurance Information

List the name of your insurance companies and identification numbers.

Company: _____

Phone
number: _____

ID
number: _____



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Company: _____

Phone
number: _____

ID
number: _____

Health Care Providers

List the name of your health care providers.

Primary
Physician: _____

Phone
number: _____

ID
number: _____

Other
Provider: _____

Phone
number: _____

ID
number: _____

Advance Directives

Note any Advance Directives you have for your care:



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