Take Me Home Transition Program
24 Hour Emergency Backup Plan

PARTICIPANT INFORMATION

Last Name	First Name	Medicaid No.	Date of Birth	Waiver Program	Transition Date

Address					
Street	City	State	Zip	County	

REQUIRED DOMAINS

List Specific Risks	Level 1 Formal Support	Level 2 Informal Support	Level 3 24 Hour Support	Level 4 Extreme Emergency
Personal Attendant Staff Should your personal attendant staff not show up for the day and a replacement is not sent then initiate Level 1. If they are unable to assist, initiate Level 2. If it is an emergency initiate Level 3. If this is an extreme emergency initiate Level 4.	Notify the Agency. Let them know that the worker did not show up and that you need one to cover. Please Call Them At: Personal Attendant Agency: Phone: Case Manager: Phone:	Notify family members that the Personal Attendant Staff has not shown up and tell them the time you will be alone. Call Them At: Name: Phone: Name: Phone:	If you need emergency assistance to address this need, press your Personal Emergency Response System button to inquire about help. Phone #	If you have an extreme emergency, such as a fire, fall, medical issue, etc. please call 911 and then press your Personal Emergency Response button. This will ensure that multiple entities are aware of your extreme emergency situation and that you are monitored during the entire situation.
Critical Health - Supportive Services Should you have an urgent issue with your Home Health services, you should initiate Level 1. If they are unable to assist, initiate Level 2. If it is an emergency initiate Level 3. If this is an extreme emergency initiate Level 4.	Notify the Home Health agency. Let them know what the emergency situation is. Call Them At: Home Health Agency: Phone:	If the Home Health agency is unable to address your emergency need, notify family, friends, neighbors. Call Them At: Name: Phone: Name: Phone:	If you need emergency assistance to address this need, press your Personal Emergency Response System button to inquire about help. Phone #	If you have an extreme emergency, such as a fire, fall, medical issue, etc. please call 911 and then press your Personal Emergency Response button. This will ensure that multiple entities are aware of your extreme emergency situation and that you are monitored during the entire situation.

Effective 12-2019

REQUIRED DOMAINS

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Equipment - Maintenance Should any of your durable medical equipment (DME), such as your wheel chair, grab bars, or hospital bed not operate properly or need repair, you should initiate Level 1. If they are unable to assist, initiate Level 2. If it is an emergency initiate Level 3. If this is an extreme emergency initiate Level 4.	Call the DME provider, notify them of the issue, and inquire about getting someone to repair the equipment as soon as possible. Please Call Them At: DME: Phone: or Call your Case Manager: Name: Phone:	If the DME provider or Case Manager is unavailable or if they cannot assist you in a timely manner, please call a family member, friend, or neighbor. Call Them At: Name: Phone: Name: Phone:	If you need emergency assistance to address this need, press your Personal Emergency Response System button to inquire about help. Phone #	If you have an extreme emergency, such as a fire, fall, medical issue, etc. please call 911 and then press your Personal Emergency Response button. This will ensure that multiple entities are aware of your extreme emergency situation and that you are monitored during the entire situation.
Transportation If there is an issue with your transportation or your transportation provider does not show, please initiate Level 1. If they are unable to assist, initiate Level 2. If it is an emergency initiate Level 3. If this is an extreme emergency initiate Level 4.	Should you need transportation in a non-emergency situation please call your transportation provider(s) Call Them At: Name: Phone Name: Phone:	If your transportation provider is unavailable, if they do not show up, or if they are unable to take you where you need to go, please call a family member, friend, or neighbor. Call Them At: Name: Phone: Name: Phone:	If you need emergency transportation, press your Personal Emergency Response System button to inquire about help. Phone #	If you have an extreme emergency, such as a fire, fall, medical issue, etc. please call 911 and then press your Personal Emergency Response button. This will ensure that multiple entities are aware of your extreme emergency situation and that you are monitored during the entire situation.

REQUIRED DOMAINS

List Specific Risks	Level 1 Formal Support	Level 2 Informal Support	Level 3 24 Hour Support	Level 4 Extreme Emergency
_____				
_____				

Participant agrees with 24 Hour Backup Plan ☐ **Yes** ☐ **No**

Name of Participant or Legal Representative	**Signature of Participant or Legal Representative***	**Date**
Name of Witness One	**Signature of Witness One**	**Date**
Name of Witness Two	**Signature of Witness Two**	**Date**

*(If participant signs with a mark, two witnesses are required.)

Transition Coordinator Name:	Transition Coordinator Signature:	Date:

Effective 12-2019