

Emergency Back-Up Plan
Community Alternatives Program for Disabled Adults
(CAP/DA & CAP/Choice)

As a participant in the Community Alternatives Program for Disabled Adults (CAP/DA) your health, safety and well-being in the community must be assured at all times. As a result, it is necessary for every CAP/DA beneficiary to have a plan in place for what to do in the event that your formal (personal care services, personal care assistant or Adult Day Health) and informal (family, friends, church groups, or neighbors) supports are unable to provide care at your regularly scheduled time and as identified on your service plan.

My Personal Care and Care Planning Oversight Back-up Plan:

Name: _____ Relationship: _____

Address: _____

Phone: _____ 24/hr Contact Availability ____ Yes ____ No

Name: _____ Relationship: _____

Address: _____

Phone: _____ 24/hr Contact Availability ____ Yes ____ No

My Natural Disaster Plan:

I will follow directives of local Emergency Management Officials and if necessary evacuate my home and go to the nearest identified safe shelter.

My nearest identified safe shelter is: _____

Due to my medical condition, I will require a Special Needs Shelter (*I will require life sustaining equipment/supplies and hands on interventions to maintain my health, safety & well-being*).

If I remain in my home during a natural disaster, I will:

Other: Important information my formal and informal caregivers and emergency personnel need to know during a medical emergency or natural disaster:

My Physician is: _____

My Pharmacy is: _____

My Hospital of Choice is: _____

My Emergency Contact is: _____

My medications are kept: _____

I am a diabetic. I am insulin dependent and I take injections.

I am oxygen dependent.

I require assistant with ambulation.

I am hard of hearing or have vision impairments (circle the one(s) that apply).

I have a Do Not Resuscitate (DNR) Order.

My special medical supplies include:

CAP/DA Beneficiary/Representative: _____

CAP Case Manager: _____

Date plan implemented: _____

Date plan revised: _____