

As a participant self-directing your services, a backup plan is required for times when your primary Direct Care Professional is unable to provide services. A backup plan should be tested and updated periodically to assure that it works and changes are not needed. Always confirm with backup Direct Care Professional's their willingness to provide backup care before adding them to your backup plan.

Participant: _____

Authorized Representative (if applicable): _____

BACKUP DIRECT CARE PROFESSIONAL INFORMATION

Name	Address	Phone	Availability

Or I may use the Agency, _____, as my Backup provider.

Agency Telephone: _____

NATURAL SUPPORTS BACKUP INFORMATION

Name	Address	Phone	Availability

I understand that if my backup worker is a paid worker he/she must be a credentialed employee before being able to provide services as a backup and be paid. They must also have a completed Medicaid Provider Agreement signed by both the employer and employee to be valid.

Participant Signature: _____ Date: _____

Authorized Representative Signature: _____ Date: _____