

# WORK EMERGENCY BACKUP PLAN (EBUP)



## Emergency Backup Plan (EBUP) for WORK Members



**Member Name:** \_\_\_\_\_

Briefly describe your emergency back-up plan. This plan should include your steps if: (1) an attendant doesn't show up at a critical time; or (2) you are in a situation where you need another attendant. For instance, list the people you will call, including names and phone numbers. List plans for service animals or pets, list people to notify in case of any type of emergency (and how to reach them), and list your plans for disaster preparedness. **Do not list any current full time attendants, Independent Living Counselor, or MCO Care Coordinator / Case Manager. Anyone listed must be local (geographically close enough to the member to physically assist), is able to provide support until the situation has been resolved, and ILC must verify that the contact agrees to provide this support. All WORK policies and procedures must be followed.**

### Section A: Attendant Support

Contact list in case an attendant doesn't show up or if attendant's employment has been terminated leaving member without assistance. This can be informal/unpaid support such as a guardian or it can be a formal support such as an agency provider or self-direct personal attendant provider who is not a current full time attendant.

#### List of attendants who will provide emergency care.

Who to contact	Contact Phone Number	Contact address	Verified
1			
2			
3			
4			

Other plans in case of a critical need for attendant care or in case an attendant doesn't show

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up:

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## Section B: Emergency / Natural Disaster

Contact list for support in emergency such as a natural disaster. Examples: power outage, flooding, tornado, etc.

**List of who to contact to assist in the event of a natural disaster / emergency.**

Who to contact	Contact Phone Number	Contact address	Verified
1			
2			
3			
4			

Other plans for emergency/disaster preparedness:

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### Section C: Emergency Plan for Pets and/or Service Animal

Contact list for care of service animals/pets. Examples of need: emergency/disaster, hospitalization, etc. Care of and/or housing of any pets or service animal is the responsibility of the member. This assistance would be in an informal or unpaid capacity or this can be paid by the member (such as to kennel animal).

#### List of who to contact to assist with pets or service animal.

Who to contact	Contact Phone Number	Contact address	Verified
1			
2			
3			
4			

Other plans for care of service animals/pets:

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### Section D: Authorized to Make Decisions for the Member

Contact list of people who are authorized to help make decisions or sign documents for you. Examples: Legal Guardian, Representative Payee, etc. Persons listed below cannot be paid providers.

#### List of who are authorized to make decisions on your behalf.

Who to contact	Contact Phone Number	Contact address	Verified
1			
2			

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3			
4			

**In order for this Emergency Back-Up Plan to be approved it must be realistic, viable, and verified.**

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Signature of Member

Date

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Signature of ILC assisting to develop this plan

Date

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Signature of Approving MCO

Date

# **WORK EMERGENCY BACKUP PLAN (EBUP)**