**Substitute Care Giver Plan**

PLANNED ABSENCES:

Proposed caregiver:

Background study clearance number and date:

Review dates for:

VA Maltreatment Reporting and Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_

House Emergency Procedures (including where to find first aid kit, fire extinguishers, where to assemble if fire, storm or gas leak):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_

For each resident:

Service Plan and Cares (dietary, medication, daily routine)

Individual Abuse Prevention Plan

Crisis Plan

Emergency Procedures (including resident family and doctors’ phone numbers)

Remember to call the case manager and your licensor!

EMERGENCY ABSENCES PLAN:

Name, phone number:

Back-Up helper:

4/20/15