

Back-Up Staffing Plan

Participant's name: _____ DOB: _____

Direct Service Provider (DSP): _____ Phone: _____ Waiver: ADHC (with LT-PCS) CCW

Any time a Direct Service Worker (DSW) is unable to provide services according to the Plan of Care (POC), the DSW is required to contact the DSP and participant/family as soon as possible. When this happens, the plan below will be followed:

Primary responsibility for immediate coverage of a DSW unplanned absence:

1. DSP accepts primary responsibility by providing a back-up DSW. Call Direct Service Provider (DSP) at _____.
2. Family/natural support accepts responsibility. Call the primary contact person listed below.

Person(s) responsible for Back-Up coverage: (List all family/natural supports who have accepted responsibility with this Back-Up Staffing Plan and their contact numbers.) Signatures/verbal agreement indicate acceptance of the responsibility.

Name	Relationship	Main Contact Phone #	Other Contact Phone #	Signature	OR	Verbal Agreement (indicate name & date of person who obtained verbal agreement)	Date
Primary:						<input type="checkbox"/> Obtained verbal agreement _____	
						<input type="checkbox"/> Obtained verbal agreement _____	
						<input type="checkbox"/> Obtained verbal agreement _____	

DSP Representative Signature: _____ Date: _____

If I am not happy with the plan, I can choose another DSP. I agree with this Back-Up Staffing Plan.

Participant/Responsible Representative: _____ Date: _____