



Mi Via Service and Support Plan Emergency Back-Up Plan Acknowledgement Form

Instructions for Consultants: Please review these questions carefully with the participant as part of the process of developing the SSP. Please ensure that the participant initials each box. Provide a copy of the completed form to the participant and keep a copy for your records.

IMPORTANT: The SSP cannot be submitted through GCES until you have checked the on-line acknowledgement box that confirms that you have completed this form with the participant.

Participant Initials	Acknowledgements
	I will talk with backup service providers about employment, pay, availability and my personal care needs before an emergency comes up.
	I understand I may only get my essential needs met in an emergency. I will keep a current list of my needs and tasks that must be performed in a given day because they are essential to my health and safety on the back of this page.
	<u>EMERGENCY CONTACTS:</u> If I feel my health and safety is at risk or in harm's way, I will contact all of the people who are listed on my emergency back-up plan to see if they can provide assistance. I will also contact emergency personnel, if appropriate.
	I have developed and posted a list of emergency contacts (an emergency call list) that my service providers can easily refer to if necessary.
	If I am a child (under age 18) and I or my parent, caregiver or other support person believes that I am at risk of harm for abuse, neglect or exploitation, I know that I or my support person should contact Child Protective Services at 1-800-797-3260 and report to my Consultant Agency within 24 hours.
	If I am an adult (age 18 or older) and I or my guardian, caregiver, employee or anyone else believes that I am at risk of harm for abuse neglect or exploitation they should contact Adult Protective Services (APS) at 1-866-654-3219 and report to my Consultant Agency within 24 hours.
	I know I or my support person may also contact Department of Health Improvement (DHI) at 1-800-445-6242 if I am receiving services from a Medicaid Waiver Provider Agency at the time of an incident.