

Substitute Caregiver Plan

Planned absences:

Proposed caregiver: _____

Background study clearance number _____ and date _____

Review dates for:

- VA Maltreatment Reporting and Plan: _____
- House emergency procedures: _____
(including first aid kit and fire extinguisher locations, and 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 family and doctors' phone numbers for each resident)

Remember to call the case manager and your licenser!

Emergency absences plan:

Name: _____ Phone: _____

Back-up helper: _____