

AFC Emergency Planning Procedures

This form is for use by adult foster care programs that do not hold their own HCBS license.

Post this in a prominent location for easy access. Use the blank lines to write in other numbers that are
important for your home.
Home Address:
Home Phone:
Power Company Name and Phone:
Others Httl://w. Consequent Names and Dhamas
Other Utility Company Name and Phone:
Plumbing/HVAC Company Name and Phone:
County Adult Protection Phone:
MAARC (MN Adult Abuse Reporting Center): 844-880-1574
Ombudsman for Mental Health and Developmental Disabilities: 651-757-1800
Ombudsman for Long-Term Care: 651-431-2555
Sourcewell Licensor Name and Phone:
Location of flashlight:
Location of battery radio:
Desident Contest Information
Resident Contact Information
Her the lines below as write whose company sould easily find this information.
Use the lines below or write where someone could easily find this information: Resident name and name and contact info: guardian or emergency contact, primary care provider and dentist
Resident fiame and fiame and contact info. guardian of emergency contact, primary care provider and dentist