

# ***SAMPLE PLAN***



*Elder Independence of Maine*

## **SAMPLE**

Consumer Name Important Person

Consumer ID# \_\_\_\_00000\_\_\_\_

### **My Back Up Plan**

I am aware that my safety at home is important to Elder Independence of Maine and to me and other people who support me.

I also understand that there may be times when services are not available.

I agree to plan ahead for these times when I don't have services.

Here is my plan:

1. I will call my son who has agreed that I can stay with him if I don't have services for several days  
Son's number: 207-000-0000
2. I will keep extra frozen meals on hand.
3. I can call upon my neighbor Mary Person, who has agreed to run errands for me if my services are unavailable for several days.  
Mary's number: 207-555-5555
4. My mental health worker is available 24/7 to help guide me in an emergency. I have discussed this with her.  
Susan Worker: 207-000-0000

Sign/Date \_\_\_\_\_