Western Montana Area VI Agency on Aging

Veteran Direct Care Program

Emergency Backup Services Plan

Name of Veteran	Phone	Number		Email Address		
Designated Representative (if applicable)	Phone	Number		Email Address		
An Emergency Backup Services Plan is requ Employer, with assistance from the Veteran's O Veteran's Emergency Backup Services Plan mu thereafter. It is recommended that the Veteran's Agency-based Services).	ptions C ıst be re	counsel, is responsiviewed and appro	sible for developing and ved by the Veteran's (d updating Options Co	the Plan, as neces unselor initially and	sary. The I annually
Type of Emergency Backup Services Plan Initial Plan Revision to the Plan	ın	Date of Service Options Counse	Planning Meeting w/ lor		tive Date of Emerg ces Plan	ency Backup
Emergency Backup Services Plan Strategies and Sequence		Specific Action(s	s) to Be Taken in ervice Delivery	Res	ource Person or E Phone Numbe	Entity's, r
1.						
2.						
3.						
4.						
5.						
6.						
Plan Approval:	I					
Veteran/Representative-Employer Signature		 Date	Service Coordinator	Signature		

Annual Review: Was the Plan implemented?	Yes No					
If yes, was the Plan effective?						
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If the Plan was not effective, please describe why and how it will be improved in future.						
Care Coordinator requested revision on_	(date).					
Care Coordinator received revised Plan	from Veteran/Representative-Employer on	_(date).				
Care Coordinator's Initials:	Date:					