

# Compassion Care In-Home Health

## BACK UP CAREGIVER PLAN

Client First and Last Name:

Today's Date:

Name of Person Completing this Form:

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Date of Birth:

Address: with City, Zip:

Home Phone Number:

Cell Phone Number:

Email Address: (You will be emailed a copy of this form with the email provided here)

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Primary Caregiver First and Last Name:

Primary Caregiver Cell Phone Number:

Primary Caregiver Email:

Primary Caregiver Address: with City, Zip:

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Backup Caregiver First and Last Name:

Backup Caregiver Cell Phone Number:

Backup Caregiver Email:

Backup Caregiver Address: with City, Zip:

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Location of Client/ Caregiver Book:

Location of Clients Medications:

Location of Clients Medical Cards:

Location of Clients Doctors' Appointments:

Additional Information:

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In the event that the Backup Caregiver MUST relieve the Primary Caregiver, the Case Manager and Guardian (if applicable) MUST be notified WITHIN 24 HOURS per policy.

**Guardian/ Power of Attorney Information**

**Guardian First and Last Name:**

**Guardian Relationship to Client:**

**Guardian Legal Status:**

**Guardian Address:**

**Guardian Home Phone Number:**

**Guardian Cell Phone Number:**

**Guardian Email:**

The Backup Caregiver agrees to meet all eligibility screenings, per guidelines and Caregiver Backup Plan and Procedure. By signing below, I (***Printed Name of Backup***

***Caregiver***)  hereby agree to update Structured Family Home Care Inc. with current contact information and my status as a Backup Caregiver. In return, Compassion Care In Home Health, will agree to reimburse the Backup Caregiver at the same rate/method/time as the Primary Caregiver is NOT able to care for the Client and, during which time, the Primary Caregiver shall NOT be paid. No duplicate payment for same days, times, etc. shall be paid to Primary Caregiver and Backup Caregiver. Therefore, it is critical that the Backup Caregiver ensure that all eligibility requirements are current and in place at all times. Failure to adhere to these guidelines may disqualify the Backup Caregiver.

***Backup Caregiver's Printed Name:***

***Backup Caregiver's Signature:***

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***Primary Caregiver's Printed Name:***

***Primary Caregiver's Signature:***

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***Client's Printed Name:***

***Client's Signature:***

**Electronic Signature Disclaimer**

Please ensure all information is correct before hitting Submit, as this is a Legal Document, and may be used in legal proceedings. Your signature is made with intent, and by signing your name electronically to this Emergency Plan for Backup Caregiver Form, you are agreeing that your signature is the legal equivalent of your manual signature. If you want to opt out of the online Emergency Plan for Backup Caregiver Form, or any other online form, please contact the office and paper forms will be sent to you.

Check below to acknowledge that you have read the Electronic Signature Disclaimer above:

Yes, I have read the Electronic Signature Disclaimer above: