**BACKUP PLAN FOR SELF-DIRECTING SERVICES**

**MEMBER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MHWIN ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If my hired staff is unable to provide services identified in the Individual Plan of Services, my backup plan is as follows:

I have natural supports who will help me;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name, #)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name, #)

I can remain safe without staff being present.

I have additional trained staff to meet my needs.

I use a staffing agency for back up staff.

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Member signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Representative signature, if applicable Date

\*This document must be uploaded to MHWIN in the scanned document section.

Please label the document as Backup Plan and have IPOS as the document type.