



BackUp Plan for Self-Directing Services

Members name: _____ MH-Win ID #: _____

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

- I have natural supports who will help me.
- 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: _____

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.