

Model Form

**WISCONSIN MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION
PARTICIPANT EMERGENCY BACK-UP INFORMATION**

Use of this form is voluntary, but the information on this form must be provided to each participant in the MFP Demonstration by the agency providing care management.

The following procedures are in place in case of a non-medical emergency related to your care (for example, worker does not show up, equipment failure).

1. Implement the back-up procedures described in your care plan if applicable to emergency situation.

2. During business hours, contact your care manager or support and services coordinator (CM/SSC).
CM/SSC Name _____
Phone # _____

3. If your CM/SSC is not available, you can talk to another person at the agency by following these instructions to speak to back-up staff:

4. For after-hours assistance, you should call: _____
at _____.

In case of a medical emergency, please call 911.