

Personal Back – Up Plan

Name: _____

I am able to: Hear See Speak

If not, I communicate by: _____

Walk without help Walk with help Transfer myself Prepare my meals**

Feed myself Dress myself Sit without help Sit with help

Wash/Bathe without help Wash/Bathe with help _____

Use toilet without help Use toilet with help _____

Tasks I cannot do	How often I need help	Usual Helper Name & Phone number	Back Up Helper Name & Phone number

**Have a supply of prepared meals on hand. For example – Canned or frozen meals (Canned is preferred. It will not spoil if the power goes out).

Note: Your back up plan takes effect if the person who usually provides care for you is unexpectedly unable to do so. That person could be your family member, friend or health care provider such as a Home Care Nurse or Community Health Worker.
Update your Plan anytime your care needs change.



Dear Client:

There will be times when staff are not able to get to you to provide your care. Plan now in case your care is unexpectedly interrupted. This could happen in the event of staffing shortages due to illness, or a labor dispute, during bad weather, or during other emergencies like pandemics or disasters. This could impact you for one or more days.

We encourage you to complete this VIHA 'Personal back-up plan' – attached – to assist you in your emergency preparedness.

This plan is for your own personal information and should be shared with the person/people who will be involved in assisting you with your care if Beacon's services are unavailable.