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|  **Helpful & Emergency Information**24-hour Toll-Free Help Line: 1-844-MFP HELP (1-844-637-4357) |

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| **Information about me** |

 |
| **My Name:** |  |
| **My Date of Birth:** |  |
| **My Address:** |  |
| **Land Phone Number:** |  |
| **Mobile Phone Number:** |  |

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| **Significant Medical conditions/issues** |

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| **Disability/Disease/Condition:** | **Emergency/Relocation issues/Concerns:** | **Other comments:** |
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| **Providers and people who support me** |

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| **Type:** |

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| --- |
| **Name:** |

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| **Office Phone:** |

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| **Cell Phone:** |

 |
| Service Coordinator/Case Manager |  |  |  |
| Primary Care Physician |  |  |  |

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| **Provider Agencies** |

 |
| **Agency Name:** | **Agency Phone Number:** | **Agency After-Hours Phone:** | **Service Provided:** | **Schedule:** |
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| **Friends and family who can help in an emergency** |

 |
| **Name:** | **Phone Number:** | **Can help with:** |
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| **Medical Equipment & Assistive Technology** |

 |
| **Item:** | **Company Name:** | **Company Phone Number:** | **Necessary to bring in case of evacuation?** | **What I can use as back-up for this item:** |
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| **Places I can go in case of emergency** |

 |
| **Name:** | **Phone Number:** | **Address:** |
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| **Resources in my community** |

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| **Resource Type:** | **Description:** | **Phone Number:** |
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| **911 form completed and submitted on:** | **\_\_\_\_\_\_\_\_\_** |

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| --- | --- |
| I participated in developing this plan on: | \_\_\_\_\_\_\_\_\_ |

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| *My service coordinator/case manager informed me about ways I can report suspected abuse and/or neglect as part of this discussion. I understand that I am responsible for alerting my service coordinator/case manager if my situation changes and my plan needs to be updated.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Participant Signature)* *(Date Signed)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(Guardian Signature)* *(Date Signed)**Reviewed:* \_\_\_\_\_\_\_\_\_ *Reviewed:* \_\_\_\_\_\_\_\_\_ *Reviewed:* \_\_\_\_\_\_\_\_\_  |
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