

**West Virginia Personal Options  
 Traumatic Brain Injury Waiver Program  
 Qualified Support Worker Back-Up Plan**

It is very important that you are prepared in case your Qualified Support Worker (employee) is unable to or does not show for work. The purpose of this back-up plan is to ensure that your needs are met when your worker is absent. You must complete this plan and make it easily accessible in the event your regular worker does not show and you must rely on someone else to assist you.

1. Are you capable of calling 911 in the event of an emergency? YES NO
2. Are family members, roommates, friends or neighbors available to assist you as a "natural support" when a scheduled worker is unavailable? YES NO
3. If YES, please indicate below who you will contact to assist you:

| Name | Relationship | Contact Number 1 | Contact Number 2 |
|------|--------------|------------------|------------------|
|      |              |                  |                  |
|      |              |                  |                  |
|      |              |                  |                  |
|      |              |                  |                  |

4. If a scheduled worker is running late, are you capable of remaining in your home without assistance for a specified period of time? YES NO
5. If YES, please specify the maximum amount of time that you may wait before a worker arrives:

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6. If your regular employee is not available to assist you, please describe the specific tasks/actions that must occur. **(Describe urgent needs and types of supports that you must receive.)**

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7. Please provide any critical information, such as sensitive medical conditions, strict medication schedules, allergies (food, medical, environmental, etc...) advanced directives, equipment needs, communication barrier, and/or any other information relative to your needs.

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### Emergency Contact Information

Parent or Relative: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Legal Representative: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Resource Consultant: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_