

WEST VIRGINIA PERSONAL OPTIONS- BACKUP PLAN

The following is a recommended template for documenting your backup plan and healthcare emergency information. We recommend storing this in a safe place where your key contacts know where to find it in an emergency.

PARTICIPANT INFORMATION	
Full Name	Preferred Name:
Email:	Phone:

PERSONAL OPTIONS PROGRAM BACKUP PLAN

If my worker does not show up, I will call a backup worker or natural support in the order listed below until help comes. If there is a life-threatening emergency, someone should call 9-1-1.

Worker #1	Phone
Worker #2	Phone
Worker #3	Phone
Worker #4	Phone
Worker #5	Phone