



Please Fill OUT The following Information for your Emergency PLAN:

Basic Information about the Agency

**please use proper capitalization*

Agency Name: _____ License #: _____

Address: _____

User: _____

Password: _____

Phone Number: _____ (This number will be answered at all times)

Fax Number: _____

County (ies) Licensed in: _____ email: _____

**please use proper capitalization (all counties in your service area)*

** do not not print or scan the form please*

Person in Charge during Emergency (Key Staff)

Administrator Name/Title: _____

Home Address: _____

Work Phone Number: _____ **please use proper capitalization*

Personal email: _____

Home-Cell Phone Number: _____ alternate: _____

**please use proper capitalization*

Local Police Information (Address/ph/fax/email):

---> can be a family member phone number

Alternate Resp. Name: _____ Title: _____

Home Phone Number: _____

Work Phone Number: _____

Personal email: _____

Cell Phone Number: _____ Lease Landlord, or Association, Name/ phone: _____

3. Agency Owner(s) **please use proper capitalization*

Agency Owner(s): _____

Name/Title: _____ Title: _____

Home Address: _____

Work Phone Number: _____

Home Phone Number: _____

Personal email: _____

Cell Phone Number: _____ alternate: _____

(alternate number can be a family member phone number)

Agency population, service provided: Skilled Services (Nursing & Therapy)

Non Skilled Services (Aide, Personal Care, etc.) Other: _____

Elderly persons Minors Any ages patients Other: _____

4. DON: **please use proper capitalization*

Name/Title: _____

Home Address: _____

Work Phone Number: _____ email: _____

Cell Phone Number: _____

(Alternate DON Name)

Nursing Supervisor: _____ email: _____

Education Coordinator: _____ email: _____

Medical Records: _____ email: _____

(Resp. for filling)

Backup Agency Name

Phone Number

Submitted by (NAME): _____

**do not sign*

(Address)

Date: _____

