



Family Navigator

Adult with Special Needs or Health Concerns Emergency Back up Plan

This Plan describes both your emergency arrangements and your back up plan in case your regular support person is not available. Making a plan allows personal choices, feelings of being safe and secure, and reduces stress and anxiety during an emergency.

Prepare this form and give it to a friend or relative who can provide care in an emergency (e.g. if you have high needs while your partner is deployed).

Keep a copy for yourself to give to a caregiver as part of your back up plan (e.g. if your regular support person is ill). You can post your copy in a Ziploc bag on your fridge for easy access.

Personal Information - Adult with Support Needs

Name:	Birth Date:	
Street:		
City:	Province:	PC:
Day Phone: ()	Evening Phone: ()	
Cell Phone: ()		
Others in Home:		
Military Contact Info:		

Personal Information - Caregiver/Emergency Contact

Name:		
Street:		
City:	Province:	PC:
Day Phone: ()	Evening Phone: ()	
Cell Phone: ()		

Emergency Contacts:

Name:	Relationship:
Day Phone:	Evening Phone:
Address:	

Name:	Relationship:
Day Phone:	Evening Phone:
Address:	

Name:	Relationship:
Day Phone:	Evening Phone:
Address:	

Community Support:

Name:	Phone:
Relationship: i.e. Health Care Case Manager, Social Worker, Church/Faith Leader etc.	

Name:	Phone:
Relationship: i.e. Health Care Case Manager, Social Worker, Church/Faith Leader etc.	

Allergies & Diet:

Yes, I have Allergies

No, I don't have Allergies

If yes, please list all allergies (include reactions):

What should be done in case of reaction?

Please outline any specific dietary *needs* & list foods that *should not* be eaten:

Soft

Low Sodium

Calorie

Low Fat

High Calorie

Reduced

Low Sugar

What foods are particularly liked?

What foods are particularly disliked?

Eating: (Please specify any challenges and degree of assistance)

Right Handed

Left Handed

Other information to know about eating/meals:

Brief Medical History:

Health Concerns & Challenges:

- Primary Disability: _____
- Secondary Disability: _____
- Head Injury: _____
- Mental Health: _____

Additional Info & Precautions – seizures, diabetes, rashes or infections

Medication & Medical Information:

Medical Services Plan # _____

or BC Care Card # _____

Public Services Health Care Plan (PSHCP) # _____

Primary Physician: _____ Phone: _____

Pharmacist: _____ Phone: _____

Specialist: _____ Phone: _____

Special information and precautions:

Tip: Attach Printout of Medications from Pharmacy (Attach Current Updates)

Name of Medication:	
Time Given:	Dosage:
Purpose:	
Side Effects:	
Administration Method:	

Daily Living Skills:

Please specify any challenges that require particular attention, equipment or assistance.

- Yes - aid(s)/special equipment
- No - aid(s)/special equipment

Mobility:

Communication (Speech/Vision/Hearing):

Bathing/Showering:

Dressing:

Using the Toilet:

Please explain any other important aspects of personal care:

Evening Routine (Bedtime):

Transportation (Own Vehicle/HandyDART/Bus/Need Driver):

Important Weekly Activities: (Useful for cancellation/changes in routine notification)

Workplace/Day Program/Volunteer/Program:	
Address:	
Day(s) of the week:	
Time(s):	
Contact Person:	Phone:
Other Info (Lunches/Medications/Transportation/Mobility Aids):	

Workplace/Day Program/Volunteer/Program:	
Address:	
Day(s) of the week:	
Time(s):	
Contact Person:	Phone:
Other Info (Lunches/Medications/Transportation/Mobility Aids):	

Keep this planning package handy so that during an emergency, a family member, friend or health care worker can provide support with a clear understanding of personal needs and choices. Update this information regularly (particularly **medications** and **emergency contacts**) to ensure it is accurate at all times.

The MFRC and the Navigator Program do not provide medical advice or recommendations. All medical questions should be addressed to health care professionals. All decisions are the responsibility of the adult with support care needs and their family. This is not a legal document please consult a legal professional regarding specific legal issues.

Signature(s): _____

Date Completed: _____ **Date Reviewed:** _____



Family Navigator

- If you are deployed or frequently away on duty, we can keep in touch with your loved one by telephone to make sure everything is fine.
- If you have recently relocated and you're looking for local services, we can provide information about what is available in your community.
- If you have difficulty managing support care needs and want someone to listen, we can be a friendly ear.
- If you want to develop a backup plan so your loved one can be assisted if you aren't available, we can help make that plan.
- If the people you normally call to assist you in an emergency are no longer available, we can meet with you to discuss who else can provide emergency support.
- If your responsibilities have changed and you don't have as much time to provide care as you have in the past, we can meet with you to explore your needs and choices.
- If your own health or ability to provide care has changed recently, we can assist you in finding local support services.
- If you need a break from providing ongoing care, we can help you explore respite options.

Develop a back-up plan with your loved ones and discuss it with your emergency contacts and supports.

Contact the Navigator at (250) 363-2640 or Toll Free 1-800-353-3329 www.familynavigator.ca