

Consumer Directed Services  
**Service Backup Plan**

Name of Individual	Program	Service*
Employer	Designated Representative (if applicable)	Support Advisor (if applicable)

\* A service backup plan is required for each program service delivered through the CDS option that the service planning team has determined to be critical to the health and welfare of the individual. The service backup plan must be reviewed by the service planning team at least annually.

Type of Service Backup Plan <input type="checkbox"/> Initial Backup Plan <input type="checkbox"/> Revision to Backup Plan	Date of Service Planning Team Meeting	Effective Plan of Service Backup Plan
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Reason(s) a Service Backup Plan is required for this service:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

	Backup Plan Strategies and Sequence	Specific Action(s) to be Taken in Absence of Service Delivery	Resource Person, Area Code and Telephone Number
1.			
2.			
3.			
4.			
5.			
6.			

**Plan Approval:**

Employer Signature	Date	Service Planning Team Member Signature (as applicable)	Date
Designated Representative Signature (if applicable)	Date	Service Planning Team Member Signature (as applicable)	Date
CDSA Representative Signature	Date	Service Planning Team Member Signature (as applicable)	Date
Case Manager/Service Coordinator Signature	Date	Service Planning Team Member Signature (as applicable)	Date