

Our Plan B

This document can be modified for your use, or you can devise your own

Family First Responder(s): Who will begin passing the message that help is needed?

Name	Contact Number	Email Address

Phone/text tree- Who will make sure everyone stays informed?

Other helpers (and what they can do):

Is there **Power of Attorney for Health Care** or similar **Advance Directive**?

Where to find a copy:

Who is the agent (stand-in decision-maker)?

Has it been activated? Yes No (This would require two signatures on a Declaration of Incapacity form, indicating that the Care Receiver is unable to make his or her own decisions regarding health care.)

For planning and resource information contact the **Aging & Disability Resource Center (262-833-8777)**

They can also provide power of attorney forms and answer basic questions on POA. Questions to consider and discuss with the ADRC:

What community resources can be useful?

How will services be paid for?

Information needed by Substitute Caregiver(s):

The following **help is needed** with:

Bathing

Dressing

Grooming

Personal hygiene

Getting around (Is assistance needed, e.g. is a gait belt, a cane, walker, or wheelchair needed?)

Special diet/ food consistency

Medication management

Meds are kept _____

Medication Schedule

Medication Name	Dose	Time	Special Considerations*

***Special considerations:** e.g. give with food, give without food, split or crushed...

Pharmacy used _____

Medical Providers(s)

Contact information and best way to convey a message (e.g. through nurse or other office staff)

Provider	Location	Contact

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