

CONTINGENCY



Care Plan



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Introduction

The Contingency Care Plan (CCP) Workbook is specifically designed to be used in conjunction with an e-learning course titled, *Creating your Contingency Care Plan: A Guide for Veteran Caregivers*. The CCP is intended to help document and organize care information in one central location and make it easier for someone to assume care responsibilities for a wounded, ill or injured Veteran should the Primary Caregiver be temporarily unavailable.

When possible, we highly encourage the Veteran’s direct participation in the creation of this Contingency Care Plan.

While the CCP contains many different sections, you may not need all of them - or you may require additional sections. You are encouraged to complete those that are applicable and use the fields labeled Additional Notes to accommodate your particular needs.

Please note that this CCP Workbook is a tool to help you and your Veteran plan for the event you are not able to fulfill your primary caregiver responsibilities for a finite period of time. It is NOT legally binding in any way; nor can it take the place of official medical records. Because you will most likely include very personal information in your CCP Workbook make sure you keep this in a safe place that is not easily accessible by those who should not have access to it.

The CCP Workbook has been created in Adobe Acrobat format, allowing you to type information directly into the forms after you complete each section of the e-learning course.

It is highly recommended that you save the file each time you complete a section. Alternatively, you can print the forms you need and fill them out by hand. If you want to skip the e-learning course, you can simply open the file titled “CCP Workbook“ and begin completing the CCP Workbook.

If you have any questions or comments about the CCP Workbook, please feel free to contact the Quality of Life Foundation at gol@qolfoundation.org or call 703-496-9050.

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Contingency Care Plan Workbook Guide

How can the CCP Workbook Help You?

While caring for your Veteran with special health needs, you receive information and paperwork that must be readily accessible in the event of your absence. The CCP Workbook will help you organize all this information and make it easier for a “Contingency Caregiver” to find all the information they need to care for your loved one. It will also make it easier to share key information with those who are part of your loved one’s care team.

Use the CCP Workbook to:

- Track changes in your Veteran’s medicines or treatments;
- List telephone numbers for health care providers and community appointments;
- File information about your Veteran’s health history; and
- Share new information with an alternate caregiver, family member, or others providing care.

Some helpful hints for using the CCP Workbook:

- Designate a specific location in which to keep the CCP Workbook and let your contingency caregiver know where that is. Be mindful that this collection of documents may contain private information, so it should be kept in a safe place.
- Keep your CCP Workbook current.
- Add new information to the CCP Workbook whenever there is a change to your Veteran’s treatment, care team or situation – review it every time you change your clocks.

Things to remember about the CCP Workbook:

- While the CCP Workbook does contain medical information and history records, it is NOT intended to replace official medical records.
- It is not legally binding in any way. The CCP Workbook provides a place to keep important details about caring for your Veteran in your absence.
- It should be kept in a safe place, but accessible to those who may need access to it in your absence.

Setting up your CCP Workbook

So, how do you set up your Veteran's CCP Workbook? Follow these steps, or view the accompanying eLearning product:

Step 1: Take it one step at a time.

Thinking about the hundreds of details you keep track of as the Primary Caregiver for your loved one may make creating a Contingency Care Plan seem overwhelming. This is why we created an e-learning product to take you through the process one step at a time. You don't have to do it all in one sitting – just do as much as you have time for, save your file, then come back to it when you can.

Step 2: Gather the information you already have.

Gather any of the information you already have about your Veteran so you will have it handy when completing this guide. This may include reports from doctor's visits, records of hospital stays, test results, etc.

Step 3: Download and save a copy of the CCP Workbook.

You will want to save a copy of the CCP Workbook to your computer so you can keep it updated. If it helps while you're compiling the information, print a copy out so you can fill in areas that may not have occurred to you previously, then update the digital copy.

Step 4: Print a copy and put your CCP Workbook together.

Organize the CCP Workbook in a way that makes the most sense to you, your Veteran and to someone serving as a contingency caregiver. Here are some supplies that may help you put it together:

- 3 ring binder or large accordion envelope (to hold papers securely)
- Tabbed dividers for creating separate sections (we have provided some pre-formatted tabs (8) for you to use based on the sections of this Workbook)
- Pocket dividers for storing reports or other papers
- Plastic pages for storing business cards, photographs or other pieces of information

Additional Notes

Blank area for additional notes.

Potential Contingency Caregivers

If you already have identified someone (or a combination of people) to serve as Contingency Caregivers, record their names and contact information below. Be sure to include any Home Health Care Agencies as well.

Name:		Relation:	
Address:			
Email:	Phone:	Fax:	
Notes:			

Name:		Relation:	
Address:			
Email:	Phone:	Fax:	
Notes:			

Agency:		POC:	
Address:			
Email:	Phone:	Fax:	
Notes:			

Agency:		POC:
Address:		
Email:	Phone:	Fax:
Notes:		

Agency:		POC:
Address:		
Email:	Phone:	Fax:
Notes:		

Additional Notes

Personal Information

Veteran's Personal Information

Name:		Prefers to be called:	
Date of Birth:		Blood Type:	
Home Address:			
Home Phone:	Mobile Phone:	Email:	
Primary Language:		Secondary Language:	

Allergies

(Foods, medications, materials):

Allergen	Symptoms of Reaction	How to Respond & Who to Contact

Background Information

Provide a brief description of your loved one's military background, their role within the service, and how long they served. You may want to include information on when and how he or she was injured or contracted the illness.

Personality and Disposition

Do certain things annoy your loved one, how about if he or she is easy going or serious natured? Provide information that will help a Contingency Caregiver get to know your loved one a little better and avoid potential misunderstandings.

Provide information about your loved one's personality and disposition below:

Likes & Dislikes

List any activities, to include leisure activities, your loved one particularly enjoys or dislikes. This can provide valuable information not only for Veteran comfort, but also as “conversation starters” for the Contingency Caregiver.

Foods & Drinks:

Likes	Dislikes

Hobbies/activities in the home:

Likes	Dislikes

TV Shows/movies/video games:

Likes	Dislikes

Music/books:

Likes	Dislikes

Hobbies/activities outside the home:

Likes	Dislikes

List any special interests of your loved one for additional conversation topics:

Provide situations that may make your loved one uncomfortable:

Communication Method

Provide a brief description of how your loved one communicates below and describe any use of specific devices:

Note: It might be helpful to make a video for care providers of your loved one using the communication device.

Emotional Stressors or Trauma

Include information on how your loved one handles stress and trauma. Are there behaviors they exhibit? Objects, music, activities or people who can help ease this time? Where items are located, who can be contacted or what can be done to alleviate this time?

Behavior Information

Negative behavior is not always associated with an emotional stressor. Use this space to provide a description of any negative behaviors, including the trigger or warning sign, that commonly occur with your loved one; these may include socially inappropriate activities, sexual activities, language or emotional outbursts. Ensure to describe anything that may trigger the negative behavior (i.e. uncomfortable position, new people, new place, etc.) and how the caregiver should respond. Provide the name and description of techniques that are helpful, and where they can be located (i.e. during a thunderstorm use headphones and music to help block out loud noises).

Triggers	Warning Signs	How to respond/successful interventions

Household Members

List all others who live in the household, whether serving as a caregiver or not.

Household Member Name:	Primary Caregiver	Alternate Caregiver
Relation to Veteran:		
Daytime Phone:	Alternate Phone:	
Notes:		

Household Member Name:	Primary Caregiver	Alternate Caregiver
Relation to Veteran:		
Daytime Phone:	Alternate Phone:	
Notes:		

Household Member Name:	Primary Caregiver	Alternate Caregiver
Relation to Veteran:		
Daytime Phone:	Alternate Phone:	
Notes:		

Household Member Name:	Primary Caregiver	Alternate Caregiver
Relation to Veteran:		
Daytime Phone:	Alternate Phone:	
Notes:		

Regular Visitors

Provide information on people who may visit your loved one below. Be sure to include any special information that would be important to include if they served together, childhood friends, why this person is important to your loved one and when appropriate visits can be planned.

Name:	
Address:	
Daytime Phone:	Alternate Phone:
Notes:	

Name:	
Address:	
Daytime Phone:	Alternate Phone:
Notes:	

Name:	
Address:	
Daytime Phone:	Alternate Phone:
Notes:	

Name:	
Address:	
Daytime Phone:	Alternate Phone:
Notes:	

Emergency Contacts

Name	Day Phone	Evening Phone	Alt Phone	Relationship

Additional Notes

Routines and Preferences

Daily/Weekly Schedule

Use this chart to record when certain activities are done each day. For example; waking, bedtime, meals, personal care, bowel care, bladder care, turning, medications (*you will have space to record details on medication administration in the Medical Information section*), etc.

The next pages have space to provide more detail on each activity listed.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7-7:30am							
7:30-8am							
8-8:30am							
8:30-9am							
9-9:30am							
9:30-10am							
10-10:30am							
10:30-11am							
11-11:30am							
11:30-12pm							
12-12:30pm							
12:30-1pm							
1-1:30pm							
1:30-2pm							
2-2:30pm							
2:30-3pm							
3-3:30pm							
3:30-4pm							
4-4:30pm							
4:30-5pm							
5-5:30pm							
5:30-6pm							

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-6:30pm							
6:30-7pm							
7-7:30pm							
7:30-8pm							
8-8:30pm							
8:30-9pm							
9-9:30pm							
9-30-10pm							
10-10:30pm							
10:30-11pm							
11-11:30pm							
11:30-12am							
12-12:30am							
12:30-1am							
1-1:30am							
1:30-2am							
2-2:30am							
2:30-3am							
3-3:30am							
3:30-4am							
4-4:30am							
4:30-5am							
5-5:30am							
5:30-6am							
6-6:30am							
6:30-7am							

Daily Routines

Provide details on daily activities below, how these items are done, and by whom. There are some that your loved one may do with little or no assistance and others that may require full assistance. Check the appropriate boxes to identify who is involved with each activity.

Waking	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Home Health Provider	<input type="checkbox"/> Veteran
Routine Details:			

Naps	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Home Health Provider	<input type="checkbox"/> Veteran
Routine Details:			

Transferring	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Home Health Provider	<input type="checkbox"/> Veteran
Routine Details:			

Turning	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Home Health Provider	<input type="checkbox"/> Veteran
Routine Details:			

Personal Care <i>(bathing, shaving etc.)</i>	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Home Health Provider	<input type="checkbox"/> Veteran
Routine Details:			

Recreational Activities Caregiver Home Health Provider Veteran

Routine Details:

Bedtime Caregiver Home Health Provider Veteran

Routine Details:

Bowel Care Caregiver Home Health Provider Veteran

Routine Details:

Bladder Care Caregiver Home Health Provider Veteran

Routine Details:

Wound/Pressure Sore Care Caregiver Home Health Provider Veteran

Routine Details:

Meals & Snacks

Provide a little bit of information about what types of foods, drinks and snacks your loved one enjoys at the different meals.

Meal	Typical Foods/Drinks
Breakfast	
Lunch	
Dinner	
Snacks	

Meals & Snacks	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Home Health Provider	<input type="checkbox"/> Veteran
Routine Details:			

IV Feedings	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Home Health Provider	<input type="checkbox"/> Veteran
Routine Details:			

G-Tube Feedings	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Home Health Provider	<input type="checkbox"/> Veteran
Routine Details:			

Dietary Restrictions

(Potential Kosher, gluten intolerance, or food combination considerations)

If there are any dietary restrictions, please provide them below:

Food/Drink Allergies

While this has been recorded previously, it may be beneficial to identify these again here.

If there are any food or drink allergies, please provide information on them below:

Additional Notes

Weekly/Monthly Schedule for Support Providers

Mark on the calendar below those days support providers come to work with your loved one. Since not all providers are daily, we have provided this in month format. The following page will provide a more detailed list of particular items support providers will complete during visits.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

In-home Care Visits

If there are other practitioners who provide in-home care (*to include, but not limited to physical, mental, speech or occupational therapists, massage therapists, stretching and exercise personnel etc.*) use the space below to provide their information.

Type	Provider	Contact Info
Caregiver Involvement	<input type="checkbox"/> Oversight <input type="checkbox"/> Assist	<input type="checkbox"/> None
Additional Notes:		

Type	Provider	Contact Info
Caregiver Involvement	<input type="checkbox"/> Oversight <input type="checkbox"/> Assist	<input type="checkbox"/> None
Additional Notes:		

Type	Provider	Contact Info
Caregiver Involvement	<input type="checkbox"/> Oversight <input type="checkbox"/> Assist	<input type="checkbox"/> None
Additional Notes:		

Type	Provider	Contact Info
Caregiver Involvement	<input type="checkbox"/> Oversight <input type="checkbox"/> Assist	<input type="checkbox"/> None
Additional Notes:		

Type	Provider	Contact Info
Caregiver Involvement	<input type="checkbox"/> Oversight <input type="checkbox"/> Assist	<input type="checkbox"/> None
Additional Notes:		

Type	Provider	Contact Info
Caregiver Involvement	<input type="checkbox"/> Oversight <input type="checkbox"/> Assist	<input type="checkbox"/> None
Additional Notes:		

Type	Provider	Contact Info
Caregiver Involvement	<input type="checkbox"/> Oversight <input type="checkbox"/> Assist	<input type="checkbox"/> None
Additional Notes:		

Procuring Necessary Supplies

Use the areas below to provide information on how your Contingency Caregiver will procure necessary supplies such as groceries, medications and any home health care supplies not provided by a Home Health Care Provider.

**While it is always recommended that you have a 30-day supply of medications and supplies on hand for an “Emergency Supply Kit” those items are not intended for daily use and should be set aside for true emergencies where your loved one needs to be moved from his or her home.*

Groceries

Provide a list of the nearest grocery stores regularly used. Include directions to/from the store to home. Also include information on how groceries will be paid for (petty cash, reimbursement, account with deliveries, etc.). If meals are delivered, include information on who provides this, contact information, times, payment methods, etc.

Store Name:	Phone Number:
Address:	
Notes:	

Store Name:	Phone Number:
Address:	
Notes:	

Medical Equipment/Supplies

List any special supplies that are used on a regular basis for the care of your loved one. This may include adult diapers, disposable gloves, skin care items as well as hospital beds, wheelchairs, oxygen tanks, etc. If special equipment is utilized, include instruction for operation, maintenance and support in the sections below.

Type of Equipment/Supplies	Vendor Name	Ordering Information (phone/fax)	Payment Terms	Doctor Name & Phone Number

Provide information on any special information regarding maintenance, batteries and charging, equipment leases, etc.:

Additional Information

Provide any other information related to personal care that would be helpful:

Additional Notes

Blank area for additional notes.

Medical Information

Description of Injury, Illness or Wound

Provide a brief description of the injury, illness or wound below:

Recent Medical Diagnoses

Date	Diagnosis	Notes

Medication Administration

While you already recorded the time medication is administered previously, please provide detail here on medications and/or supplements (*prescribed and over-the-counter*), how they are administered, by whom and how frequently. Include information such as if the medication is to be taken with or without food, whether it interferes with or causes sleep, etc.

Medication	Dosage	Location	Who Administers	How Administered/Other
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:

			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:
			<input type="checkbox"/> Caregiver <input type="checkbox"/> Home Health Provider <input type="checkbox"/> Veteran	<input type="checkbox"/> As Scheduled <input type="checkbox"/> As Needed Special Notes:

Note: It might be helpful to make a video for care providers of how medications are administered to your loved one and any routines surrounding these times.

Medical Team

Name:		Specialty:
Address:		
Email:	Phone:	Fax:
Notes:		

Name:		Specialty:
Address:		
Email:	Phone:	Fax:
Notes:		

Name:		Specialty:
Address:		
Email:	Phone:	Fax:
Notes:		

Medical Team (cont'd)

Name:		Specialty:
Address:		
Email:	Phone:	Fax:
Notes:		

Name:		Specialty:
Address:		
Email:	Phone:	Fax:
Notes:		

Name:		Specialty:
Address:		
Email:	Phone:	Fax:
Notes:		

Home Health Care Agencies

Agency:		POC:
Address:		
Email:	Phone:	Fax:
Notes:		

Agency:		POC:
Address:		
Email:	Phone:	Fax:
Notes:		

Agency:		POC:
Address:		
Email:	Phone:	Fax:
Notes:		

Local Hospitals and/or Emergency Care Centers

In case of emergency, identify any local hospitals or emergency care centers. *These need not be only Veteran's Hospitals and can include community 24-hour emergency care.*

Name:	Phone Number:
Address:	
Notes:	

Name:	Phone Number:
Address:	
Notes:	

Name:	Phone Number:
Address:	
Notes:	

Transportation Services

(to and from medical and/or therapy appointments):

Contact Person:		
Agency:		
Address:		
Email:	Phone:	Alternate Phone:
Notes:		

Contact Person:		
Agency:		
Address:		
Email:	Phone:	Alternate Phone:
Notes:		

Contact Person:		
Agency:		
Address:		
Email:	Phone:	Alternate Phone:
Notes:		

When to Call for Emergency Medical Assistance

Use the areas below to list any health-related emergencies that may occur and how this should be handled (i.e., may become combative or physical under certain circumstances). Be sure to note who to contact for immediate assistance, should this be necessary.

What may happen:	
Who to contact:	
What to do:	
Step 1:	
Step 2:	
Step 3:	
Step 4:	
Step 5:	
Other:	

What may happen:	
Who to contact:	
What to do:	
Step 1:	
Step 2:	
Step 3:	
Step 4:	
Step 5:	
Other:	

What may happen:	
Who to contact:	
What to do:	
Step 1:	
Step 2:	
Step 3:	
Step 4:	
Step 5:	
Other:	

What may happen:	
Who to contact:	
What to do:	
Step 1:	
Step 2:	
Step 3:	
Step 4:	
Step 5:	
Other:	

Medical Insurance Companies

Company:	Policy Number:	POC:
Address:		
Email:	Phone:	Fax:
Notes:		

Company:	Policy Number:	POC:
Address:		
Email:	Phone:	Fax:
Notes:		

Company:	Policy Number:	POC:
Address:		
Email:	Phone:	Fax:
Notes:		

Additional Notes

Blank area for additional notes.

Support

Case Managers

List the Case Managers a Contingency Caregiver may need to get a hold of (i.e. VA/DoD Federal Recovery Coordinator, VA OIF/OEF/OND Case Manager, or Military Service Wounded Warrior Program Case Manager).

Case Manager:		Agency:
Address:		
Email:	Phone:	Fax:
Notes:		

Case Manager:		Agency:
Address:		
Email:	Phone:	Fax:
Notes:		

Case Manager:		Agency:
Address:		
Email:	Phone:	Fax:
Notes:		

Case Manager:		Agency:
Address:		
Email:	Phone:	Fax:
Notes:		

Case Manager:		Agency:
Address:		
Email:	Phone:	Fax:
Notes:		

Case Manager:		Agency:
Address:		
Email:	Phone:	Fax:
Notes:		

Family Members

Provide contact information for any family members not currently living in the household.

Family Member Name:		Relation:
Family Member Address:		
Daytime Phone:	Alternate Phone:	
Notes:		

Family Member Name:		Relation:
Family Member Address:		
Daytime Phone:	Alternate Phone:	
Notes:		

Family Member Name:		Relation:
Family Member Address:		
Daytime Phone:	Alternate Phone:	
Notes:		

Family Member Name:		Relation:
Family Member Address:		
Daytime Phone:	Alternate Phone:	
Notes:		

If there are any other family members or information regarding minor siblings or children, please provide this information below.

Family Support Resources

Provide information on any family resources (to include parent groups, religious organizations, counseling, etc.) not previously identified in this document.

Contact Person:		
Organization:		
Address:		
Email:	Phone:	Alternate Phone:
Notes:		

Contact Person:		
Organization:		
Address:		
Email:	Phone:	Alternate Phone:
Notes:		

Contact Person:		
Organization:		
Address:		
Email:	Phone:	Alternate Phone:
Notes:		

Family Support Resources (cont'd)

Contact Person:		
Organization:		
Address:		
Email:	Phone:	Alternate Phone:
Notes:		

Contact Person:		
Organization:		
Address:		
Email:	Phone:	Alternate Phone:
Notes:		

Contact Person:		
Organization:		
Address:		
Email:	Phone:	Alternate Phone:
Notes:		

Respite Care

Keep a copy of any related documentation in this section.

Respite Care Provider:		Start Date:
Contact Person:		
Address:		
Email:	Phone:	Fax:
Notes:		

Respite Care Provider:		Start Date:
Contact Person:		
Address:		
Email:	Phone:	Fax:
Notes:		

Respite Care Provider:		Start Date:
Contact Person:		
Address:		
Email:	Phone:	Fax:
Notes:		

Advocates

List any individuals, advocates, and/or service providers who are important to your loved one's well-being, and are not otherwise listed in this document.

Name:		
Address:		
Email:	Phone:	Alternate Phone:
Note what he or she does for or with your loved one:		

Name:		
Address:		
Email:	Phone:	Alternate Phone:
Note what he or she does for or with your loved one:		

Name:		
Address:		
Email:	Phone:	Alternate Phone:
Note what he or she does for or with your loved one:		

Pets and/or Service Animals

Include all pet and service animal information, if applicable.

Pet(s):

Pet's Name	Type of Animal	Note about Pet Care	Veterinarian Name/Number
Any additional information or notes about the pet(s):			

Service animal(s):

Service Animal's Name	Type of Animal	Note about Service Animal Care	How the Animal Helps
Any additional information or notes about the service animal(s):			

Other Considerations

Use the space below to identify any other special considerations regarding your loved one, the care for him or her, family members, etc. that may not have already been provided in this document. If you have a portable home generator, ensure that you provide notes on how to safely use this device. It's a good idea to provide a copy of the user manual to have on hand in an emergency.

Additional Notes

Additional Notes

Additional Notes

Additional Notes

Helpful Resources

U.S. Department of Veterans Affairs (VA)

<http://www.va.gov/>

For VA Benefits (1-800-827-1000)

The U.S. Department of Veterans Affairs (VA), provides support and services to Veterans, their families, and other beneficiaries. The VA provides a wide range of benefits that include disability compensation, education and training, vocational rehabilitation and employment, home loan guaranty, dependent and survivor benefits, medical treatment, life insurance, and burial benefits.

VA Caregiver Support

<http://www.caregiver.va.gov/>

Caregiver Support Line (1-855-260-3274)

VA Caregiver Support is a new website sponsored by the Department of Veterans Affairs. Information is provided on various support services, as well as tools and other resources to help family members manage their role as a caregiver. The Caregiver Support Line is available for individuals who are in need of immediate assistance or have questions regarding what services they may be eligible for. Licensed professionals who answer the support line can:

- Provide information on available assistance from the VA
- Assist you in accessing caregiver support services (such as Adult Day Health Care Centers)
- Connect you to a Caregiver Support Coordinator at a VA Medical Center near you
- Be a sounding board for a caregiver, and provide support by listening

Veterans Crisis Line

<http://veteranscrisisline.net/>

(1-800-273-TALK) or (1-800-273-8255)

Veterans Crisis Line is a Department of Veterans Affairs (VA) resource that connects Veterans in crisis and their families and friends with information and qualified, caring VA responders. Assistance is provided through a confidential, toll-free hotline and online chat. Veterans and their families and friends can receive support from specially trained professionals 24/7, anytime throughout the entire year. Any Veteran or Service member of the U.S. military who is in crisis, or any person concerned about one, may call the confidential Veterans Crisis Line or use the online chat.

Wounded Warrior Resource Center

<http://www.woundedwarriorresourcecenter.com/>

(1-800-342-9647)

The Wounded Warrior Resource Center, also called the National Resource Directory (NRD), is a website designed specifically to connect wounded warriors, Service Members, Veterans, and their families to sources of support. The NRD provides information regarding services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration. Individuals can find information on a variety of topics including benefits & compensation, education & training, employment, family & caregiver support, health, homeless assistance, housing, transportation & travel, volunteer opportunities and other resources.

Marine Corps – Wounded Warrior Regiment

www.woundedwarriorregiment.org

Sergeant Merlin German Wounded Warrior Call Center

(1-877-4USMCWW) or (1-877-487-6299)

The Wounded Warrior Regiment provides and facilitates assistance to wounded, ill, and injured Marines and Sailors attached to, or in direct support of Marine units, and their family members, throughout all phases of recovery. Services include Recovery Care Coordinators that help Marines and their families plan for recovery, rehabilitation, and reintegration; Clinical Services Staff that provides counseling and education on medical conditions such as Traumatic Brain Injury (TBI), Combat Operational Stress, and Post Traumatic Stress Disorder (PTSD); and a Call Center Staff that provides outreach and assistance.

Army Wounded Warrior Program

<http://wtc.army.mil/aw2/>

(1-877-393-9058)

The Army Wounded Warrior Program (AW2) is the official U.S. Army program that assists and advocates for severely wounded, ill, and injured Soldiers, Veterans, and their Families, wherever they are located, regardless of military status. AW2 supports severely wounded Soldiers and Veterans who suffer from injuries or illness incurred in the line of duty after September 10, 2001, in support of Overseas Contingency Operations since 9/11. Entry into the program is based on receipt of an Army disability rating percentage in one or more specific categories. Individuals who qualify for the program are supported throughout all phases of their medical recovery and rehabilitation. During transition, emphasis is placed on professional development and achievement of personal goals.

Air Force Wounded Warrior Program

<http://www.woundedwarrior.af.mil/>

(1-800-581-9437)

The Air Force Wounded Warrior (AFW2) Program works hand-in-hand with the Air Force Survivor Assistance Program and Airman & Family Readiness Centers to ensure Airmen receive professional support and care from the point of injury, through separation or retirement, and for life. Advocates provide professional services such as transition assistance, employment assistance, financial counseling and emergency financial assistance, and much more. Enhanced assistance is also provided in coordinating benefits counseling and services provided by the Department of Defense, Department of Veterans Affairs, Department of Labor, Social Security Administration, TRICARE, and other helping agencies.

Navy Safe Harbor Program

<http://www.safeharbor.navy.mil>

(1-877-746-8563)

Safe Harbor is the Navy's lead organization for coordinating the non-medical care of wounded, ill, and injured Sailors, Coast Guardsmen, and their family members. Through proactive leadership, Safe Harbor provides a lifetime of individually tailored assistance designed to optimize the success of our Shipmates' recovery, rehabilitation, and reintegration activities.

Safe Harbor has Recovery Care Coordinators who are responsible for oversight and assistance to the service member in the service member's course of recovery through the entire spectrum of care, management, transition, and rehabilitation services available from the Federal Government, including services provided by the Department of Defense, the Department of Veterans Affairs, the Department of Labor, and the Social Security Administration.

Social Security Administration

<http://www.ssa.gov/woundedwarriors/>

The U.S. Social Security Administration maintains an online site where Veterans and their families can gain information on Social Security benefits and assistance in expediting processing of Social Security disability claims. Other services include online publications and toolkits to assist wounded warriors and their caregivers, and useful links to other resources and services that provide assistance for Veterans and their families.

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CONTINGENCY

 *Care Plan*





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