TOP AID HEALTHCARE
11 CRESTWOOD ST. WORCESTER, MA 01605
PHONE: (508)-343-8555 FAX: (508)-519-0353
WEBSITE: TOPAIDHEALTHCARE.COM

ADULT FOSTER CARE PROGRAM

EMERGENCY EVACUATION & SAFETY PLANNING
ALTERNATE PLACEMENT

Member Name: _____ Caregiver Name: _____

Address: _____ Apt: _____ State: MA Zip: _____

AFC Care Team:

RN: _____ Care Manager: _____

Caregiver Statement:

IN THE EVENT OF FIRE, FLOOD, OR OTHER NATURAL OR UNNATURAL DISASTER IN OUR CURRENT RESIDENCE WHICH IS THE MEMBER's QUALIFIED SETTING PER THE REQUIREMENTS OF 130 CMR 408, THE MEMBER I CARE FOR IS ABLE TO TEMPORARILY RELOCATE TO THE BELOW MENTIONED ALTERNATE CAREGIVER TO ENSURE CONTINUITY OF CARE.

Alternate Care Giver Name: _____ Phone: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip _____

Caregiver Signature: _____ Date: ____/____/_____