TOP AID HEALTHCARE
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ADULT FOSTER CARE PROGRAM

EMERGENCY EVACUATION & SAFETY PLANNING
CAREGIVER ACKNOWLEDGEMENT OF RECEIPT

My signature below indicates the following:

- ☐ I assisted the AFC Care Manager draft an Emergency Evacuation & Safety Plan suitable to the needs of the member under my care
- ☐ I have reviewed the completed plan and agree with the components of it
- ☐ I have been educated on the various components of the plan and am willing and able to follow the plan in the event of emergency
- ☐ I have been given a copy of the plan and my responsibilities as well as pertinent contact information for various agencies needed during an emergency
- ☐ I will provide GIAHCS with any updates to our living arrangements and or changes in my member's health conditions that will affect the evacuation of my member in an emergency
- ☐ I agree to perform all fire drills and furnish a record of it to GIAHCS in accordance with the requirements of 130 CMR 408.
- ☐ I will be a willing participant in the periodic review and update of the Emergency Evacuation Plan as deemed necessary.

_____	_____	__ __/__ __/__ __
Caregiver Name	Signature	Date

_____	_____	_____/___/_____
Member Name	Care Manager	Date of Plan