Carefirst No

CHI No

Document Date

## **Personal Contingency Plan**

A contingency plan gives you the opportunity to think about decisions and conversations that you have with family, friends and neighbours about the role they could play in supporting you should something interrupt the services that you usually rely on. Contingency planning also brings re-assurance and peace of mind. You will be involved in deciding what will happen, and your contingency plan will be kept up to date by your Support team.

By providing information for your contingency plan you are agreeing to the information being shared with and used by people working in health & social care services to help them, to help you.

About Me									
My Name is:			I like to be called:						
The best language to use with me is:									
If I need help quickly I can call:		Their Phon	e Number is:						
I need help to: (write in here the things that you need help to do e.g., go up or down stairs, make your own meals, getting dressed)									
I need to take my medications at:	(Time)	Morning	Lunc	า	Теа		Bed		
Other important times of the day for me are									
(include the time and why)									
		Abou	t My Support						
I need support to make decisions about:									
Other people make decisions on my behalf	about:					_			
This person can make decisions on my beha			Their Phone Nu	mber is:					
My Care at Home Officer is called:			Their Phone Nu	mber is:					
My Doctor is called:			Their Phone Nu	mber is:					

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				My support timetable				
Day	Time	Duration		Task	Provided by			
Mon								
Tues								
Wed								
Thurs								
Fri								
Sat								
Sun								
				What I Will Do				
If there is a power cut I will call: (Who) Their phone number is (Tel No)								
If my electricity goes off my torch is (Where)and if it needs batteries, they are (Here)								
My radio is (Where) and if it needs batteries, they are (Here)								
A spare blanket is (Where)								
If my phone stops working, I can contact someone by: (How)								
If I don't have water, I will call: (Who?) Their phone number is (Tel No)								
If I don't have gas, I will call: (Who?)			/ho?)	Their phone number is ( <i>Tel No)</i>				
If water is coming into my house, I will call: (Who?) Their phone number is (Tel No)								
If I don't have enough food, I will call: (Who?) Their phone number is (Tel No)								
If I run out of medication, I will call: <i>(Pharmacy)</i> Their phone number is <i>(Tel No)</i>								