Managing Employer (Individual or Surrogate Name – Circle One):
______________________________________________________________________

Name of Individual Receiving Services: _______________________________________

Name of Qualified SSW: _____________________________________________________

Phone Number of SSW: _____________________________________________________

Name of Natural Support Person: _____________________________________________

Phone Number of Natural Support Person: ____________________________________

Relationship to Individual: _________________________________________________

Description of Times Available and Services to Be Provided: _____________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Additional Information: _____________________________________________________
______________________________________________________________________
______________________________________________________________________

I ___________________________________ understand and accept the responsibilities
indicated above as Emergency Back-up “Qualified” SSW or Natural Support Person.

_________________________________________ ___________
(Signature of Emergency Back-up “Qualified” SSW or Natural Support Person) (Date)

_________________________________________ ___________
(Signature of Managing Employer) (Date)

Copy to: SSW / Natural Support Person, Individual’s Support Coordinator, Agency with Choice ISO (as applicable),
AE/County Program (as applicable)

1 Natural supports are non-paid supports provided to participants by friends, family and others.