

**Agency With Choice Financial Management Services
Managing Employer**

**EMERGENCY BACK-UP “QUALIFIED” SUPPORT SERVICE WORKER (SSW)
and/or NATURAL SUPPORT¹ DESIGNATION FORM**

*(Please complete one form for each Emergency Back-up “Qualified”
Support Service Worker or Natural Support Person.)*

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
(Name of Emergency Back-up “Qualified” SSW or Natural Support Person)
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.