EMERGENCY CONTINGENCY PLAN

Ohio Department of Mental Health, Office of Licensure and Certification, 30 E Broad St. Suite 742, Columbus, Ohio 43215
Mail or Fax to (614) 485-9739

Date: _____ **License Number:** _____

☐ **Initial Plan** ☐ **Amended Plan** The operator shall submit a contingency plan covering the unexpected absence, vacation, or disability of the caregiver. ODMH shall review the contingency plan and shall disapprove the plan if determined to be insufficient to protect the residents in the home and shall require the applicant to submit new plans. This plan shall be approved by the ODMH before the home is certified or recertified.

Facility Information		
Facility Name:		
Owner:		
Address:		
City:	Zip:	County:
Telephone: ( ) -	Cell Number: ( ) -	
Email Address:		
Does this facility provide transportation to clients? ☐ No ☐ Yes		

Alternate Contacts in the event of an emergency or absence of the provider	
Alternate Contact 1 Name:	
Telephone: ( ) -	Relationship to provider:

Alternate Contact 2 Name:	
Telephone: ( ) -	Relationship to provider:

Emergency Contingency Plan
Describe how emergency home care will be provided:

Use additional pages if needed