



Detroit Free Press

BACKUP PLAN FOR SELF-DIRECTING SERVICES

MEMBER'S NAME: _____ MHWIN ID#: _____

If my hired staff is unable to provide services identified in the Individual Plan of Services, my backup plan is as follows:

☐ I have natural supports who will help me;

_____ (name, relationship, #)

_____ (name, relationship, #)

☐ I can remain safe without staff being present.

☐ I have additional trained staff to meet my needs.

☐ I use a staffing agency for back up staff.

☐ Other: _____

Member signature

Date

Legal Representative signature, if applicable

Date

*This document must be uploaded to MHWIN in the scanned document section.
Please label the document as Backup Plan and have IPOS as the document type.