



## Agreement to Provide Emergency Contact Names and Address

\_\_\_\_\_ requires “hand to hand” service and cannot be left alone. It is **your responsibility** to provide this office with at least 2 emergency contacts. Below is the information we need for you to provide as well as what the responsibility of this person is.

1. You must provide Full Names, Relationship, Phone numbers (Home and or Cell), Complete Address, for all your emergency contacts.
2. Your emergency contact must be someone that can either arrive at your home with in 15 minutes of a call or lives in your local area so we can drop the consumer there.
3. It is **your responsibility** to update the ACCESS program office with any changes or new information.

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### Contact Information Fails

In the event someone is not at home to receive and the back up system I have provided fails, I understand that suspension of ACCESS service will be immediate (next day trip).

First offense	3-5 days
Second Offense	7-10 days
Third or any future Offense	30 days

Service will not resume until:

1. I attend a hearing at the ACCESS program office, or on the phone, set up by an ACCESS program representative.
2. I provide the ACCESS program with updated reliable information for emergency contacts.

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### Hand to Hand Service is not needed

Hand to Hand service is not needed at this time. It is my responsibility to inform the ACCESS program office in writing if the situation should change at anytime. If the situation changes I understand I am required to provide the needed contact information above.

- They have a key to the door: In their pocket, Lunch box, Purse or Book bag
- They know the door is not locked.
- The consumer can be left alone.

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Date \_\_\_\_\_

Guardian Signature: \_\_\_\_\_