TEXAS Health and Human Services

Form 3628
July 2015-E

Provider Agency Model Service Backup Plan

Name of Individual	Program	Service
	☐ Community Living Assistance and Support Services (CLASS) ☐ Deaf Blind with Multiple Disabilities (DBMD) ☐ Community First Choice (CFC)	
Case Management Agency	Direct Services Agency	DBMD Provider Agency

Type of Service Backup Plan	Date of Service Planning Team Meeting	Effective Date of Service Backup Plan
☐ Enrollment/Renewal Backup Plan ☐ Revision to Backup Plan		

Backup Plan Strategies and Sequence	**Specific Action(s) to be Taken in Absence of Service Delivery**	**Resource Person, Area Code and Telephone No.**
1.		Signature of Backup Service Provider
2.		Signature of Backup Service Provider
3.		Signature of Backup Service Provider
4.		Signature of Backup Service Provider
5.		Signature of Backup Service Provider
6.		Signature of Backup Service Provider

Plan Approval Signatures:

Individual/Legally Authorized Representative	Date	Service Planning Team Member/Title	Date
Provider Agency Representative	Date	Service Planning Team Member/Title	Date
Case Manager	Date	Service Planning Team Member/Title	Date