CARE & DEPENDENCY CONTINUITY PLAN

FORM REVISION	PRIVACY	REVIEW CADENCE
1.0	Private when completed	Review every 6 months and after care changes

Care arrangements often fail indirectly: transportation changes, a caregiver is unavailable, power is lost, or a routine service closes. This sheet records the minimum continuity information a trusted substitute caregiver would need without turning care recipients into a public list.

PERSON OR DEPENDENT

Name / preferred name

Primary caregiver / contact

Backup caregiver / contact

Usual location / program / school / service

Out-of-area contact

Communication or language needs

DAILY CONTINUITY NEEDS

Need / routine	When it matters	Who normally provides it	Backup / substitute	Notes

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MOVEMENT, EQUIPMENT, AND REUNIFICATION

Mobility / transfer / transport needs

Essential equipment or charging needs

Medication / feeding / refrigeration needs

Primary meeting or reunification location

Alternate meeting or reunification location

Who may receive the person under existing lawful arrangements

CARE HANDOFF

- [ ] Keep legal guardianship, consent, school, medical, or service documents where appropriate; this worksheet does not create legal authority.
- [ ] Tell backup caregivers where essential supplies and records are kept.
- [ ] Do not post private care information on public neighborhood boards.
- [ ] Review the plan after a hospitalization, school/service change, move, or caregiver change.

Source basis: Built To Resist vulnerable-first and communications chapters; Every Government Dies household playbook.
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