Residential Back-Up Notification Form

Member Name: _____

Residential Provider: _____

Residential Back-Up Provider

Name: _____

Phone Number: _____

Address (if not in PRS' Home): _____

Dates of Residential Back-Up: _____

Reason for Residential Back-Up: _____

Guardian Notified:

Name: _____

Date Notified: _____

Office Use Only		

Residential Back-Up Provider Verification

	Yes/No	Ariel Staff Signature
Training Documents		
Provider Liability Insurance		
Client Specific Training Form		
Therap Account Access		
Signed ROI for RBU Person		

Comments:

_____

_____

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