



Residential Back-Up Notification Form

Member Name: _____

Residential Provider: _____

Residential Back-Up Provider

Name: _____

Phone Number: _____

Address (if not in Members' 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		
Ariel Day Program Given Copy of Notification (If Applicable)		

Comments: _____
