



Easy Does It Emergency Services



Urgent Backup Care Program Registration Form

I understand this information will be kept confidential and used by Easy Does It for the sole purpose of dispatching the most appropriate Urgent Backup Care provider should I request one. Below, I have provided all requested information.

First and Last Name: _____

Case number or Social Security number: _____

Home Phone: _____

Address & Cross Street: _____

Directions: _____

<input type="checkbox"/> Domestic (check all that apply)		<input type="checkbox"/> Personal Care (check all that apply)	
<u>1st Priority</u>	<u>2nd Priority</u>	<u>1st Priority</u>	<u>2nd Priority</u>
<input type="checkbox"/> bathroom clean <input type="checkbox"/> bed change <input type="checkbox"/> laundry <input type="checkbox"/> shopping for food/meds <input type="checkbox"/> companion animal care	<input type="checkbox"/> meal cleanup <input type="checkbox"/> meal preparation <input type="checkbox"/> garbage <input type="checkbox"/> kitchen clean	<input type="checkbox"/> ambulation <input type="checkbox"/> bathing <input type="checkbox"/> bowel and bladder <input type="checkbox"/> lifting or transferring <input type="checkbox"/> prosthetic device <input type="checkbox"/> protective supervision <input type="checkbox"/> self-administer meds	<input type="checkbox"/> bed bath <input type="checkbox"/> dressing <input type="checkbox"/> feeding <input type="checkbox"/> menstrual care <input type="checkbox"/> respiration

Do you have any special needs or conditions? (Example: language, 2 person lift, etc.) _____

How will the UBC provider get into your home? _____

Signed by _____

Return this form to: Urgent Backup Care program, IHSS Public Authority of Marin, 10 N. San Pedro Road, #1016, San Rafael, CA 94903.