

# California Community Transitions (CCT) 24/7 Back-Up Plan



Are you in immediate physical danger?

Yes → **Call 9-1-1**

↓ NO

Do you need emergency medical attention?

Yes → **Call 9-1-1**

↓ NO

Have you been abused or neglected? For example, have you been threatened or hurt? Left alone without care? Robbed?

Yes

Call Adult Protective Services (APS) Phone number:

If APS is not available, and you believe a crime has been committed, please contact your local law enforcement agency at:

↓ NO

Did your caregiver fail to show up?

Yes

**Call one of your Back-up Caregivers**

↓ NO

Do you need non-emergency medical care, but you cannot get into see your doctor? For example, is it after 5 pm? Saturday or Sunday? A holiday?

Yes

Name  
Phone  
Name  
Phone  
Name  
Phone

↓ NO

Do you need non-emergency transportation service?

Yes

**Call the following**  
Name  
Phone

↓ NO

Do you need non-emergency medical care during regular office hours?

Yes

**Call your doctor**  
Name  
Phone

## Community Contacts and Resources

This page includes space for you to write the names and phone numbers of resources available to you in your area. Although you may not need or qualify for every option on this page, talk with your Transition Coordinator about the services and supports listed below to ensure you have built a complete back-up plan.

| <b>Service / Support</b>       | <b>Name / Organization</b> | <b>Phone Number</b> |
|--------------------------------|----------------------------|---------------------|
| Medical Specialist #1 *        |                            |                     |
| Medical Specialist #2 *        |                            |                     |
| Medical Specialist #3 *        |                            |                     |
| Hospital                       |                            |                     |
| Clinic / Dialysis Center       |                            |                     |
| Advice Nurse                   |                            |                     |
| Behavioral Health Specialist   |                            |                     |
| Dentist                        |                            |                     |
| Ombudsman                      |                            |                     |
| In-Home Support Services       |                            |                     |
| Public Authority               |                            |                     |
| Waiver Case Manager            |                            |                     |
| Occupational Therapist         |                            |                     |
| Physical Therapist             |                            |                     |
| Speech Therapist               |                            |                     |
| Landlord / Maintenance         |                            |                     |
| Bank                           |                            |                     |
| Meals-on-Wheels / Food Bank    |                            |                     |
| Veterinarian / Animal Hospital |                            |                     |
| Senior Center                  |                            |                     |
| Peer Support / Support Group   |                            |                     |
| Independent Living Center      |                            |                     |
| Regional Center                |                            |                     |
| Area Agency on Aging (AAA)     |                            |                     |
| Social Security Admin (SSA)    |                            |                     |
| Church / Synagogue / Mosque    |                            |                     |
| Other                          |                            |                     |

**\* Examples of medical specialists include: Cardiologist, Urologist, Psychiatrist, Podiatrist, Ophthalmologist, etc.**

# In an EMERGENCY, call 9-1-1

For **non-emergencies**, use the phone numbers below:



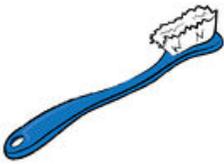
My Caregiver

contact #



My Doctor

contact #



My Dentist

contact #



My Pharmacy

contact #



Non-emergency medical  
transportation

contact #



My Landlord

contact #



Electric Company

contact #



Water Company

contact #



Telephone Company

contact #



Gas Company

contact #

24/7 Back-up Contact:

Name

Phone Number

24/7 Back-up Contact:

Name

Phone Number