

AFC Emergency Planning Procedures

This form is for use by adult foster care programs that do not hold their own HCBS license.

Post this in a prominent location for easy access. Use the blank lines to write in other numbers that are important for your home.
Home Address:
Home Phone:
Power Company Name and Phone:
Other Utility Company Name and Phone:
Plumbing/HVAC Company Name and Phone:
County Adult Protection Phone:
MAARC (MN Adult Abuse Reporting Center): 844-880-1574
Ombudsman for Mental Health and Developmental Disabilities: 651-757-1800
Ombudsman for Long-Term Care: 651-431-2555
Sourcewell Licensor Name and Phone:
Location of flashlight:
Location of battery radio:

Resident Contact Information

Use the lines below or write where someone could easily find this information: Resident name and name and contact info: guardian or emergency contact, primary care provider and dentist