TEMPLATE H

Key Contacts

Role	Name	Phone	Email
Parent's physician			
Facility or agency main contact			
Charge nurse / care manager			
Director of nursing / administrator			
Home health or hospice agency			
Long-term care ombudsman			
Adult Protective Services (APS)			
State licensing or survey agency			
Area Agency on Aging			
Elder law attorney			
Geriatric care manager			
Local emergency person			