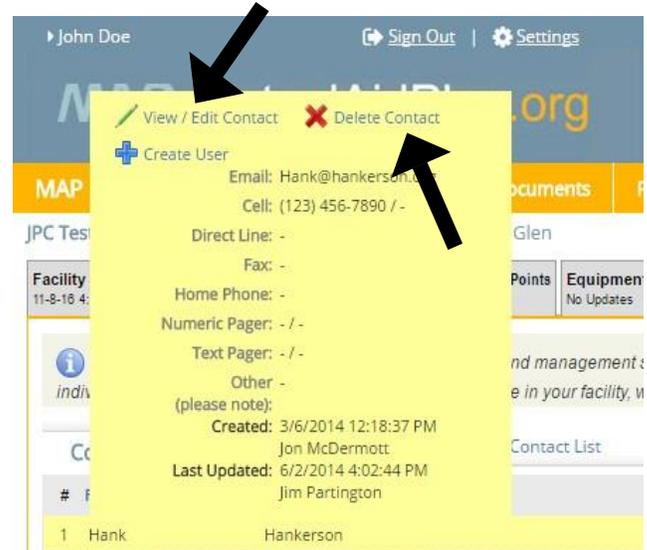


Contact information (office, cell, home, and email) should be completed on the Mutual Aid Plan website for 3 to 7 members of your team (at minimum: Administrator / Executive Director, Director of Nursing / Resident Care Director, and Maintenance Director / Plant Operations). This contact information should be reviewed and updated as needed at a minimum of every **three** months.

- ▶ Go to www.mutualaidplan.org, choose your state and log into your facility / community.
- ▶ Click on the “Contacts” Tab.
- ▶ To Delete a Contact: Hover your cursor over the contact’s name and select “Delete Contact” from the pop-up menu.



- ▶ To change or update an existing contact’s information, click on “View/Edit”.
- ▶ Click on “Plan Administrator” and include information to be added or deleted. This information will be sent to the Plan Administrator for updating. *Another option is to delete the existing contact and add them back in as a new contact with the updated information.*

ref # 35483 ✕

View / Edit Contact Detail

 Contact Name: **Ann Smith**

i Information on this form can only be changed by a [Plan Administrator](#). If this contact no longer works at your facility, please close this window and delete the contact from the list. If this is a new contact, use the "Add a New Contact" button to enter the information.

Facility: Fall River Healthcare

Title: Director of Nursing

Primary State Licensure Contact for Facility?

Level: None Primary Secondary

Include in Health and Homeland Alert Network (HHAN)

Contact Method

Email: ann.smith@fallriverhealthcare.com

Cell: (508) 123-4569 / Sprint

Check here to receive these alert messages by text
*Standard text message rates per your plan may apply

Direct Line: 508-123-7410

Fax: 508-789-5252

► To Add a New Contact: Click on “Add a New Contact”.



Facility Info 11-8-16 4:54 PM | **Contacts** 6-2-14 4:30 PM | Hosp. Beds No Updates | Evac. Sites No Updates | Stop Over Points No Updates | Equipment No Updates | Supplies No Updates | Transportation No Updates | Vehicles No Updates | Vendors No Updates

INSTRUCTIONS: Please fill in all primary leadership and management staff that should be communicated with during an emergency. This should be between 3 and 7 individuals at a facility. Example – if you had a substantial fire in your facility, who is getting called. Those are the people we want here. [More >>](#)

Contact List | **+ Add a New Contact** | Print Contact List | Most Recent Update: 02 Jun 2014 4:30:51 PM

#	First Name	Last Name	Title	Level	Licensure / Exec. Dir.	Last Updated
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- Enter the First and Last Name, Title, Email, Cell, Direct Line (Work) and any other desired phone numbers. Click on “Save and Close”, when complete.
- **Be sure to have one contact listed as primary and one as secondary.**

View / Edit Contact Detail ref # X

Name:

Facility: Southington Care Center

Title:

Primary State Licensure Contact for Facility?

Level: None Primary Secondary

Contact Method

Email:

Cell:

Check here to receive these alert messages by text
*Standard text message rates per your plan may apply

Direct Line:

Fax:

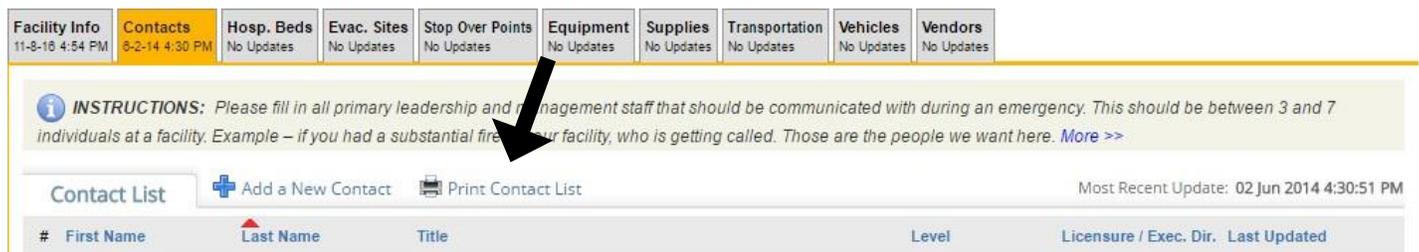
Home Phone:

Numeric Pager:

Text Pager:

Other (please note):

► To print Contact List, click on “Print Contact List” and insert into your Disaster Plan.



Facility Info 11-8-16 4:54 PM | **Contacts** 6-2-14 4:30 PM | Hosp. Beds No Updates | Evac. Sites No Updates | Stop Over Points No Updates | Equipment No Updates | Supplies No Updates | Transportation No Updates | Vehicles No Updates | Vendors No Updates

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Contact List | **+ Add a New Contact** | **Print Contact List** | Most Recent Update: 02 Jun 2014 4:30:51 PM

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