

# Special Incident Reporting

San Andreas Regional Center  
Health Services Unit  
2021

We hope this material assists you with self-training on Special Incident Reporting during the pandemic. We look forward to your participation when we can provide online sessions and can provide continuing education hours.

Katie Magleby, Risk Assessment Coord.

Lisa Rund, RN Health Svcs. Assoc. Coord.

# Incident

A significant event or occurrence that is unusual or out of the ordinary requiring intervention

-required to be reported to DDS.



First, GOOD JOB to all you care providers, for the hard work you do in protecting the health of the people you serve



# Why Report Incidents?

- To satisfy Title 17 regulations

- To ensure accurate information is recorded

- To meet our professional responsibility

# Why report

cont.

- To analyze and see trends in incident data (Regional Ctr and DDS)
- To provide a healthier and safer environment

# SARC Best Practices:

Available on our website

[www.sanandreasregional.org](http://www.sanandreasregional.org) Service Providers tab

## SPECIAL INCIDENT REPORTS

1. Special Incident Reports will be submitted verbally by phone and also by fax or email within 24 hours of the time of the incident.
2. Special Incident Reports will include all the “types” that have been designated by DDS or San Andreas Regional Center.
3. All deaths must be reported to San Andreas regardless of the consumers living arrangements.
4. It is recommended that all providers attend SIR training annually.
5. Special Incident Reporting procedures will be outlined in the agencies/facilities Program Design.

Something happens...

What do you do?



An individual appears ill, “not herself”



An individual falls out of the wheelchair



Two individuals are fighting



- Make observations
- Get help if needed
- Gather information
- Ensure safety of all
- Communicate

Deal with the situation first

What do you do?

# Do as you learned in training:

- First Aid
- CPR
- Behavior Plan, Restricted Health Condition Care Plan
- Your facility's Procedure or emergency response plan, COVID Plan

- Make sure the scene is safe
- Make sure the person is safe---
- *DON'T MOVE INDIVIDUAL  
UNLESS THE SCENE IS NOT  
SAFE* (in the street or in  
water, for example)
- Make sure others in your care  
are safe



# Check for injury



Check for  
signs of  
illness



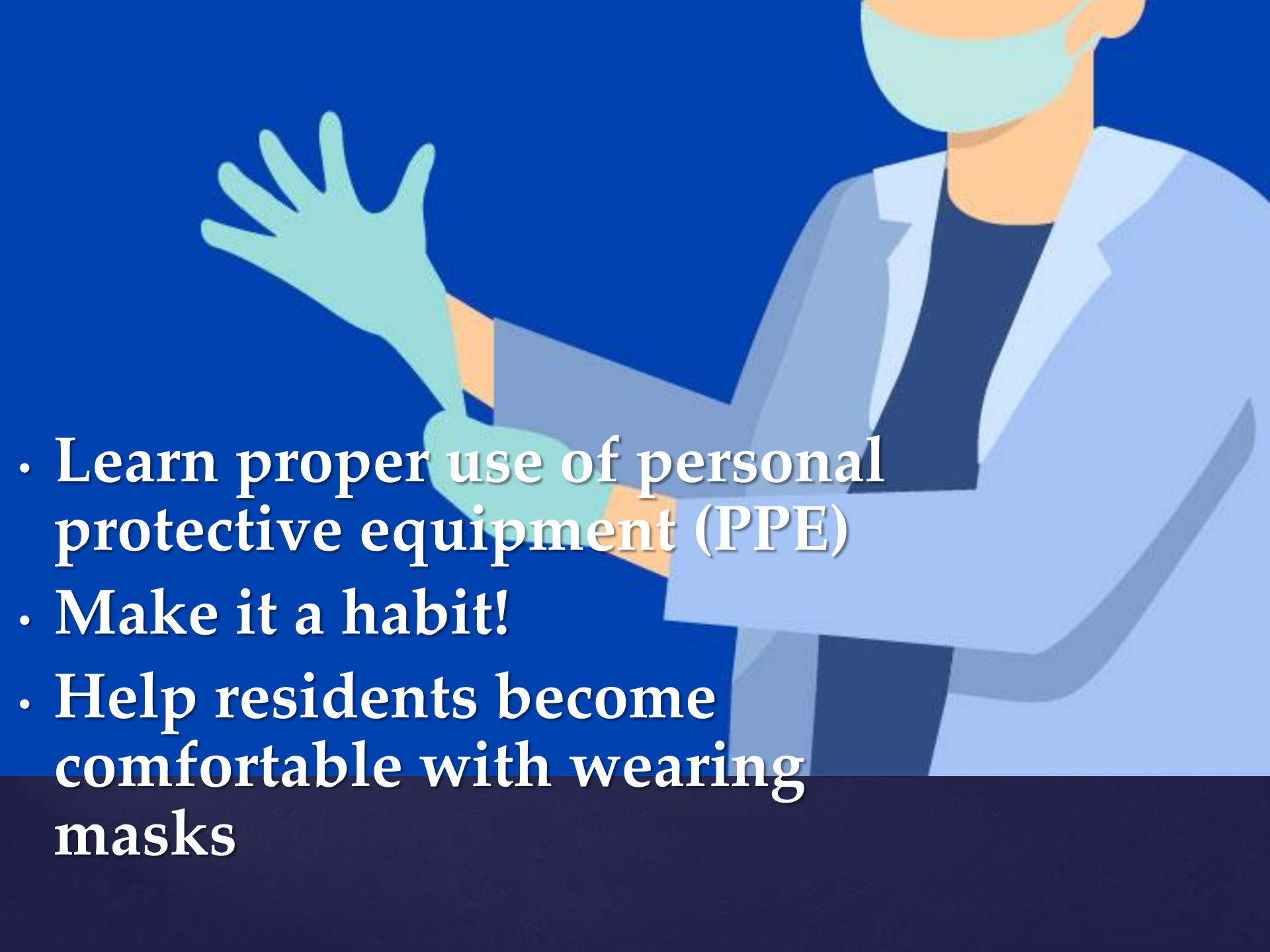


Make sure PPE is part of your first aid kits



## For residential providers:

- Daily symptom check for COVID-19 of residents and staff (twice daily better)
- Use of PPE by staff at all times
- 25% of staff to be tested for COVID-19 every week on a rotating basis
- Comprehensive plan for COVID-19 is required, training of all staff
- Communicate and educate residents, families, and staff



- Learn proper use of personal protective equipment (PPE)
- Make it a habit!
- Help residents become comfortable with wearing masks

## Personal Protective Equipment (PPE)



Keep adequate supplies on site. Contact CCL and/or SARC for more PPE of these types

- Licensed homes are required to keep a 30-day supply available
- Order through online sources or purchase at retailers
- SARC and CCL are able to provide limited quantities of PPE as a supplement

PPE



# Call for help; communicate!





Law  
Enforcement  
arrives

Give information  
about your service,  
the people  
involved, how best  
to communicate  
with clients, details  
of the incident





# Paramedics arrive



Give information,  
Emergency Face  
Sheet, keep others out  
of the way



Emergency transport  
to hospital

What  
do  
YOU  
do?







What  
information  
can you  
provide to  
the  
hospital?

Who do you need to  
notify?

Can you stay with  
him/her?



- & Make sure all person(s) in your care are safe
- & Notify your supervisor
- & Follow your facility's policy or procedure
- & Gather the facts, make notes, take photos right afterwards if needed

- & Notify conservator, family, and Service Coordinator
- & If it's a COVID-19 positive case, notify your county Public Health Department (PHD or DPH) and the doctor
- & Fill out a Special Incident Report (SIR)

***See SIR hard copy Handout. Fill in every section***

**SPECIAL INCIDENT REPORT FOR ALL VENDORS**

**TO BE E-MAILED OR FAXED TO SAN ANDREAS REGIONAL CENTER**

**Within 24 hours of the incident**

<b>Consumer's Name:</b> <b>UCI #:</b>	<b>Date of Report:</b> <b>leave original date</b> <b>UPDATE – add new</b> <b>date when needed</b>
<b>Consumer's Address:</b>	<b>Date of Birth:</b> <b>Sex: _____Male</b> <b>_____Female</b>
<b>Vendor or Agency Name:</b> <b>Vendor number:</b>	<b>Service Coordinator:</b>
<b>Conservator/Guardian name (if applicable):</b>	<b>CCL Facility Number:</b>
<b>Name of person reporting:</b>	<b>Position at agency:</b>



Injuries Requiring Treatment Beyond First Aide

- Burns that require medical treatment beyond first aide
- Medication reactions
- Bites that break the skin/ require treatment
- Internal bleeding
- Puncture wounds requiring treatment

Medical Need/Accident/Other:

- Fractures
- Injury-Accident
- Lacerations requiring sutures/ staples/glue
- Medication Errors
- Disease Outbreak
- Injury-Unknown origin
- Injury from seizure
- Injury from another consumer
- Injury from behavior episode
- Choking

Other COVID-19

- Condition Requiring Medical Intervention
- Drug/Alcohol Abuse
- Emergency Room Visit
- Seizures
- Theft by a Consumer
- Community Safety
- Law Enforcement Involvement
- EPS-Psych Emergency Team-No Hospital Admission
- Pregnancy
- Planned Hospitalization
- Voluntary Psych Admission

Suspected Abuse/Exploitation

- Alleged Consumer Financial Abuse
- Alleged Physical Abuse
- Alleged Sexual Abuse
- Alleged Emotional/Mental Abuse

Suspected Neglect

- Failure to Provision of Food/ Clothing/ Shelter
- Failure to Assist in Personal Hygiene
- Failure to Prevent Dehydration
- Failure to Protect Health/Safety Hazards
- Failure to Provide Medical Care
- Failure to Provide Care Elder/Adult
- Failure to Prevent Malnutrition
- Alleged Neglect-Other

Unauthorized Absence

- Missing Person Law Notified
- Unauthorized Absence-Law Not Notified

Unplanned Hospitalizations

- Involuntary psychiatric admission
- Nutritional deficiencies
- Cardiac
- Diabetes
- Internal infection
- Respiratory illness
- Seizures
- Wound/skin care
- Other

Victim of Crime

- Aggravated assault
- Burglary
- Larceny
- Personal Robbery
- Rape or Attempted Rape

Aggressive Acts

- Aggressive act to another consumer
- Aggressive act to family/visitor
- Aggressive act to self
- Aggressive act to staff
- Severe Verbal Threats
- Suicide Attempt
- Suicide Threat
- Other Sexual Incident
- Property Damage
- Fire Setting

# Provider to select these Incident Types:

Other: Consumer exposed, test results unknown or negative.

Hospitalization: Consumer hospitalized due to signs/ symptoms of C19.

Condition requiring medical intervention: Consumer seen by doctor or treated for C19.

<b>Incident date</b> Definite      Approximate	<b>Time of incident</b> Definite      Approximate
<b>Date incident reported to RC</b>	<b>Medical Care/Treatment Required.</b> Yes   No
<b>Relationship of alleged perpetrator to consumer</b> Self Another Consumer Vendor or Employee of Vendor Non-Vendor or Employee of Non-Vendor	Relative/Family Member Individual known to consumer (Not a provider or another consumer) Unknown Not applicable

*These 3 slides are Page 1 of Special Incident Report*

## Individuals that are exposed to person who tested positive with Covid 19:

- Submit a SIR within 24 hours of getting test results/exposure
- If a Provider has several SIRs to enter, they are to **send in each separately** (not in a group)
- If the Provider is reporting for several individuals, they can write Description of Incident in a manner where they can cut & paste the info into each SIR (i.e. instead of using the individual's name in the narrative, state "the individual was tested on ...." ).



# Definitions

- “**Exposure**” means that you have spent 15 minutes or more within 6 feet of a person with COVID-19 illness (having symptoms and/or a positive test).
- Quarantine separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick.
- Isolation prevents the spread of an infectious disease by separating **people who are sick or have tested positive** from-those who are not.  
*See handout with “Brief Definitions”*

# In addition to a SIR,

There are two other forms required for the following situations-

Find these forms on

<https://www.sanandreasregional.org/service-providers/special-incident-report/>

1. Staff tests positive or is diagnosed with C19

“SARC Covid 19 Staff Form.”

2.If the consumer meets any of the following 3 criteria (required in addition to the SIR):

- A consumer **tests POSITIVE** for COVID-19;
- A consumer receives medical attention at a hospital, emergency room, or urgent care clinic due to COVID-19 **symptoms**; or
- A consumer's **death** is related to COVID-19, either by confirmed Covid19 positive testing or by medical diagnosis unconfirmed by testing.

→ Fill out and submit “SARC COVID-19

Consumer Form” also found at

<https://www.sanandreasregional.org/service-providers/special-incident-report/>

**Incident location****(Check only one- location where it happened or was discovered)**

Day program Consumer's residence Community setting Home of family In transit Day care/ Intervention program	Acute hospital–Emergency Room Acute hospital–not ER Out of home respite Sub-acute or pediatric sub-acute SNF Psychiatric treatment center	Job Site Hospice Jail or related setting Public school Rehabilitation facility Other
--	--	---

**Person/Agency responsible for consumer at time of incident**

Vendor Parent/Family Other	Residential Day Program	Name: Address: City/Zip: Telephone:  Vendor #
----------------------------------	----------------------------	--

**Other agencies notified by person/agency making this report**

Community Care Licensing fax (408) 324-2133 Child Protective Services Parent/Guardian/Conservator Police/Law Enforcement Coroner	DHS/DPH Licensing & Certification Adult Protective Services Long-Term Care Ombudsman Other Specify Day Program
--	--



# Description of the Incident

& Who

& What

& Where

& When

& Connect or explain specifically what happened with the “Type” of incident you selected on page 1

The SIR narrative should include: The date the consumer was exposed to person testing positive; if the C-19+ person is a staff member- the date staff last worked in the facility; is the consumer displaying any s/sx of C-19; date of consumer's C-19 test; date of test results and if they are positive or negative.

For COVID-19 SIR

Can you remember the details?

Try to be aware and alert.

Write things down as soon as possible.

Take photos if appropriate

# Describing the Incident

- & Thorough

- & Accurate

- & Clear

- & Grammatically correct



# Description of the Special Incident

⌘ After reading the Report,  
everyone should have the same  
understanding of what  
happened.

⌘ Have someone else  
“proofread” the SIR before  
submitting it

# EXPLAIN HOW INFORMATION WAS ACQUIRED

Document what witnesses  
reported

(what occurred/possible causes)

Document Public Health and  
CCL contacts (phone calls,  
emails)

- ⌘ A separate SIR must be filled out for each individual that was involved- *send in separate emails please*
- ⌘ Don't draw conclusions or make judgments; do be objective
- ⌘ Don't use nicknames

Attending physician's name,  
findings, and treatment

& Who treated the consumer?

& What was the diagnosis?

& What medical care or procedure  
was done for the consumer?

& Enter whatever information you have at the time and send update when  
you have more info



# Specific preventative action taken or planned (mitigation)

- ⌘ How could you keep this from happening again?
- ⌘ Involve the planning team as much as possible
- ⌘ Make use of all available resources (SC, consultants, Administrator, other staff, SARC RN, family, etc)

# For COVID-19 SIR

Under “Specific Preventative Action Taken/Planned”: Provider to include the preventative measures being practiced (i.e. following CDC guidelines, following SCC Public Health guidelines, use of Personal protective Equipment, surveillance testing of staff, physical distancing, etc.). Refer to your COVID Prevention, Mitigation, & Containment Plan required by CCL and/or the business plan required by the county

# Disposition

How did it result? How is  
client now?

# Incident Types



Injuries Requiring Treatment Beyond First Aide

- Burns that require medical treatment beyond first aide
- Medication reactions
- Bites that break the skin/ require treatment
- Internal bleeding
- Puncture wounds requiring treatment

Medical Need/Accident/Other:

- Fractures
- Injury-Accident
- Lacerations requiring sutures/ staples/glue
- Medication Errors
- Disease Outbreak
- Injury-Unknown origin
- Injury from seizure
- Injury from another consumer
- Injury from behavior episode
- Choking
- Other
- Condition Requiring Medical Intervention
- Drug/Alcohol Abuse
- Emergency Room Visit
- Seizures
- Theft by a Consumer
- Community Safety
- Law Enforcement Involvement
- EPS-Psych Emergency Team-No Hospital Admission
- Pregnancy
- Planned Hospitalization
- Voluntary Psych Admission

Suspected Abuse/Exploitation

- Alleged Consumer Financial Abuse
- Alleged Physical Abuse
- Alleged Sexual Abuse
- Alleged Emotional/Mental Abuse

Suspected Neglect

- Failure to Provision of Food/ Clothing/ Shelter
- Failure to Assist in Personal Hygiene
- Failure to Prevent Dehydration
- Failure to Protect Health/Safety Hazards
- Failure to Provide Medical Care
- Failure to Provide Care Elder/Adult
- Failure to Prevent Malnutrition
- Alleged Neglect-Other

Unauthorized Absence

- Missing Person Law Notified
- Unauthorized Absence-Law Not Notified

Unplanned Hospitalizations

- Involuntary psychiatric admission
- Nutritional deficiencies
- Cardiac
- Diabetes
- Internal infection
- Respiratory illness
- Seizures
- Wound/skin care
- Other

Victim of Crime

- Aggravated assault
- Burglary
- Larceny
- Personal Robbery
- Rape or Attempted Rape

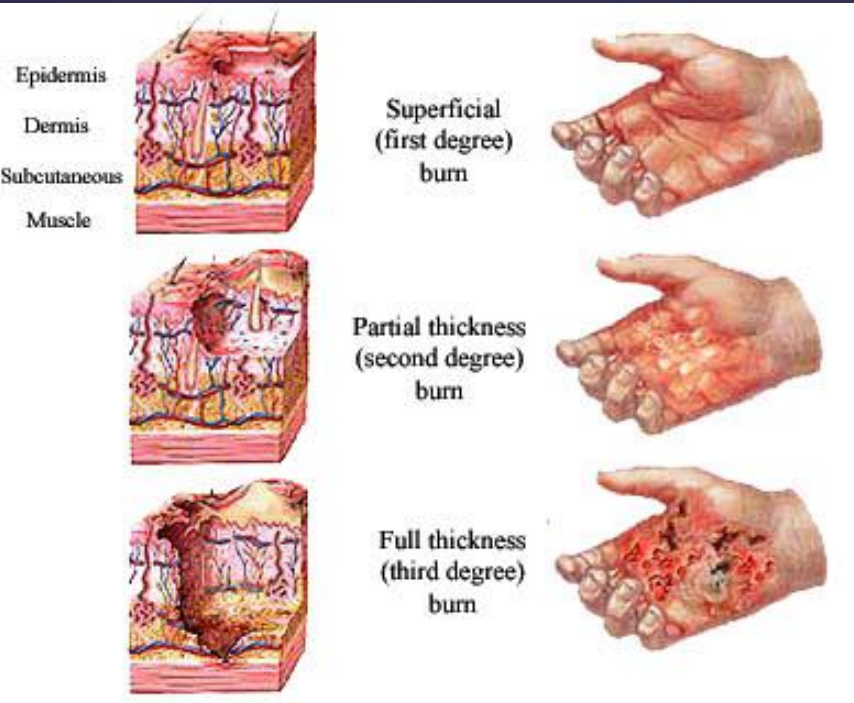
Aggressive Acts

- Aggressive act to another consumer
- Aggressive act to family/visitor
- Aggressive act to self
- Aggressive act to staff
- Severe Verbal Threats
- Suicide Attempt
- Suicide Threat
- Other Sexual Incident
- Property Damage
- Fire Setting



**Injuries Requiring  
Treatment  
Beyond First Aid**

# Burns



Second Degree Burn

©The Wound Doctor





# Medication Reactions



**Any unexpected or dangerous reaction to a drug; an unwanted effect caused by the administration of a drug. The onset of the adverse reaction may be sudden or develop over time.**







Hives – urticaria - wheal

Indicate allergic reaction

← Swelling of lips or face  
indicate severe allergic  
reaction known as anaphyaxis  
– CALL 911 immediately!

Bites that break the skin or  
require treatment



Report any human  
bites

# Insect or animal bites that require treatment

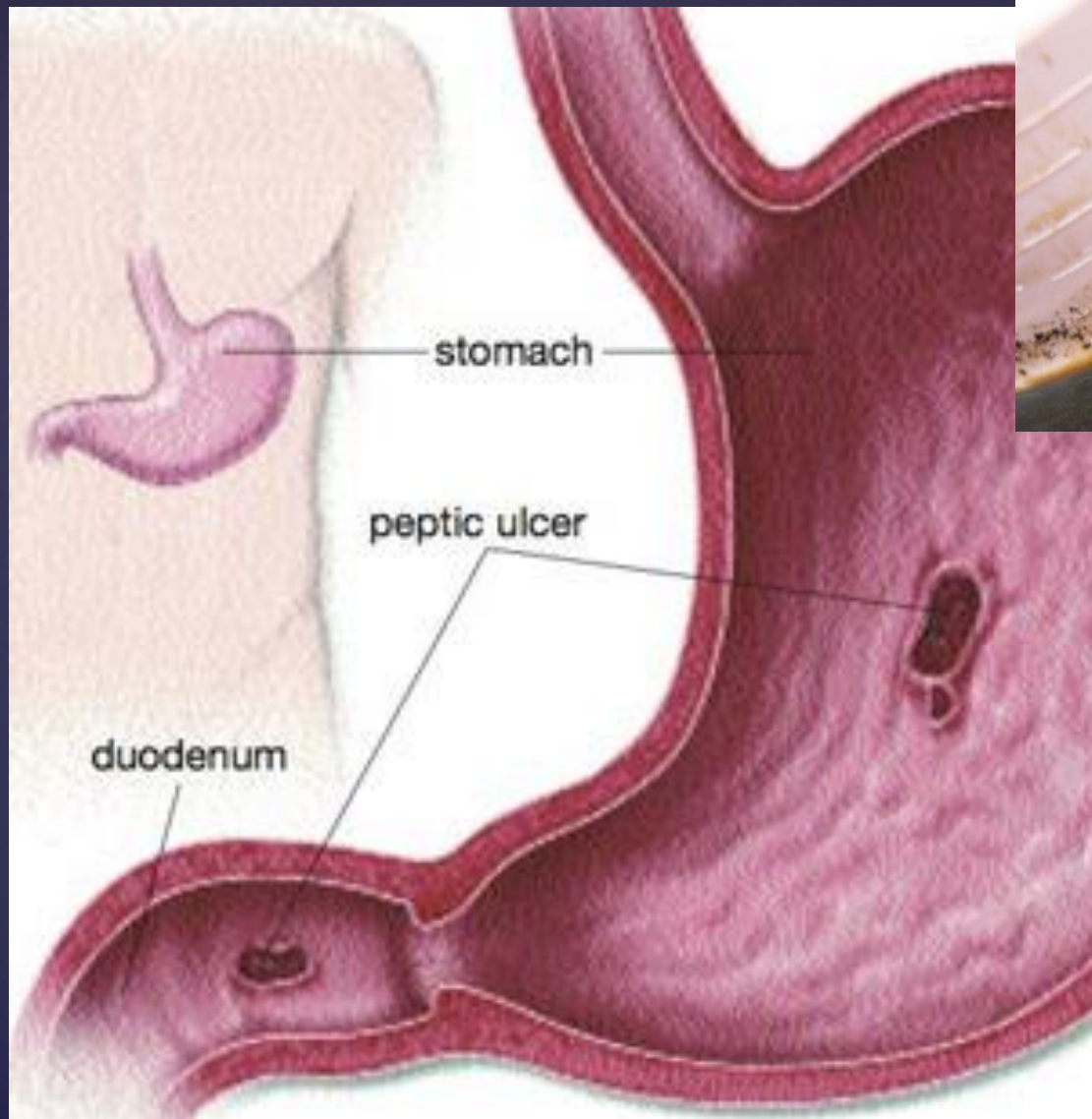
Bed bug bites→



← Scabies







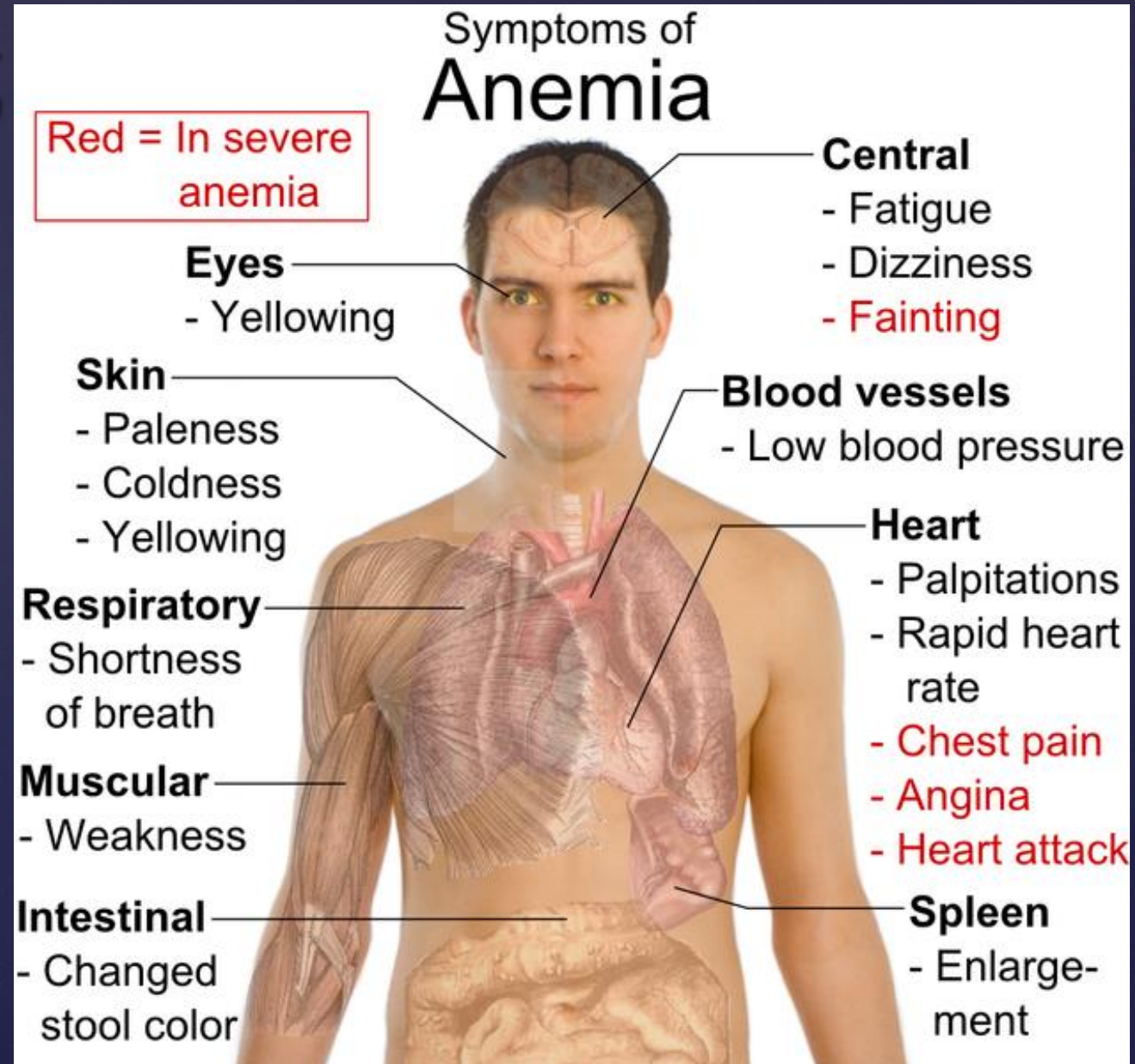
**GI bleeding may  
cause vomiting or  
bloody stools**



# Internal Bleeding

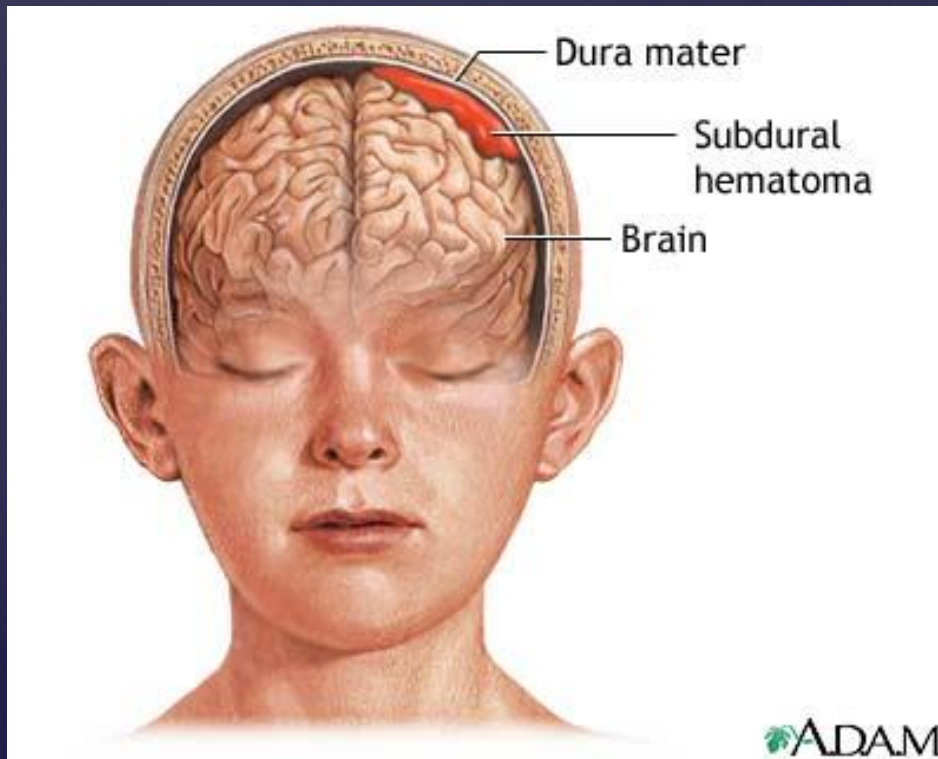
# Internal Bleeding

**Most common causes are in the GI system, usually by an ulcer. Bleeding is possible anywhere in the body, due to trauma, blood disorders, or disease**





# Skull fracture and internal bleeding in brain after a fall



# Puncture wounds requiring treatment

Laceration



Puncture wound



ADAM.







# Medical Need / Accident / Other



## Fracture types



Oblique



Comminuted



Spiral



Compound

# Fracture (broken bone)

## Colles fracture





# Injury-Accident

& general term for an injury requiring





# Lacerations







# Staples



Find out how the skin was closed and Get written instructions for care.



# Skin glue



# Sutures (stitches)

# Medication error – any of the “rights” that go wrong



Report ANY medication error (when any of the “Rights” go wrong)

# Medication Documentation Error (7<sup>th</sup> Right)

- & You must verify whether the person actually took the medication as prescribed
- & Were all other Rights correct?
- & If so, SIR type is “Other”
- & If not, SIR type is “Medication Error”



## Medical Need/Accident/other, cont.

- ⌘ Disease outbreak – more than 2 consumers with same contagious disease
- ⌘ Injury – injury that requires medical attention; see specific causes listed (injury = hurt, damage)

**Choking – send SIR even if person is successfully assisted with back blows & abdominal thrusts**



# “Other”

- ⌘ Only when there is no other possible category to use
- ⌘ Examples: exposure to staff tested + for COVID-19; medication refusal; med documentation error.
- ⌘ Do not make up your own “type”

# Condition requiring medical intervention

Such as a new diagnosis of medical condition requiring care

Examples: COVID-19; pressure sore, asthma, routine PAP smear shows cancer needing treatment; kidney failure needing dialysis; orders for hospice care





# Drug/alcohol abuse





# Emergency Room visit

Includes Urgent Care  
clinics



# Seizures



# For expected seizures in someone with epilepsy:

The specific circumstances for sending (or not sending a SIR) for an Individual's seizures should be determined by the ID Team and documented in the IPP



## Medical Need/Accident/other, cont.

- Theft by a consumer
- Community safety
- Law enforcement involvement



& EPS – Psychiatric emergency treatment but no hospital admission  
admission

& Pregnancy



## Medical Need/Accident/other, cont.

- & Planned hospitalization

Examples: biopsy, colonoscopy,  
dental treatment under  
anesthesia

- & Voluntary psychiatric  
admission

- & Routine lab or blood tests do not  
need to be reported

# Suspected abuse or exploitation



# For suspected abuse/neglect:

& In licensed residential facility, call

Long Term Care Ombudsman: 408-944-0567

Crisis Line: 800-231-4024

& In unlicensed setting (such as ILS or SLS),  
call Adult Protective Services for individual  
18 or older : 800-414-2002



For suspected abuse or neglect of  
someone under 18 years of age:

Call CPS (Child Protective Services) at

**Central County**

(408) 299-2071

**North County**

(650) 493-1186

**South County**

(408) 683-0601

# For any type of abuse/neglect

Fill out SOC 341 form after making the  
call

*Do not send SOC 341 to SARC – it goes to Licensing*

Every incident of client-to-client  
physical abuse must be reported  
according to AB 40 requirements  
(*see handout*)

# AB 40 requires:

& if the suspected abuse results in serious bodily injury make a telephone report to local law enforcement agency, IMMEDIATELY, and no later than within 2 hours of the reporter observing, obtaining knowledge of, or suspecting the physical abuse

# Welfare and Institutions Code

Section 15610.67.

⌘ “Serious bodily injury” means an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, organ, or of mental faculty, or requiring medical intervention, including, but not limited to, hospitalization, surgery, or physical rehabilitation.



# Suspected Abuse or Exploitation

& Financial

& Physical

& Sexual

& Emotional or mental

& Physical or chemical restraints

& Alleged violation of rights

# Suspected Neglect

Failure to

- & Provide food/ clothing/ shelter
- & Assist with personal hygiene
- & Prevent dehydration
- & Protect from health/safety hazards
- & Provide medical care
- & Provide care to the elderly
- & Prevent malnutrition

# Client-on-client aggression

Must answer all of these questions on the SIR

- Is the physical aggression a behavior related to their disability, and do we have a Behavior Plan and training?
- Is the physical aggression abuse?

- If a behavior related to the ID/DD, you must provide information about the Behavior Plan, staff training, and how the Behavior Plan was implemented (or was not implemented)
- Reminder: Write a separate SIR for each individual involved
- The SIR is always about the individual, not written for a facility and not for staff.



# Unauthorized Absence



Missing person

Unauthorized absence



**Unplanned  
Hospitalizations**

# Involuntary Psychiatric Admission



MENTAL HEALTH  
DEPARTMENT



NEED HELP?  
CONTACT US

800-704-0900

SUICIDE & CRISIS

855-278-4204

<http://www.sccgov.org/sites/mhd/Services/EmergencyPsychiatricServices>



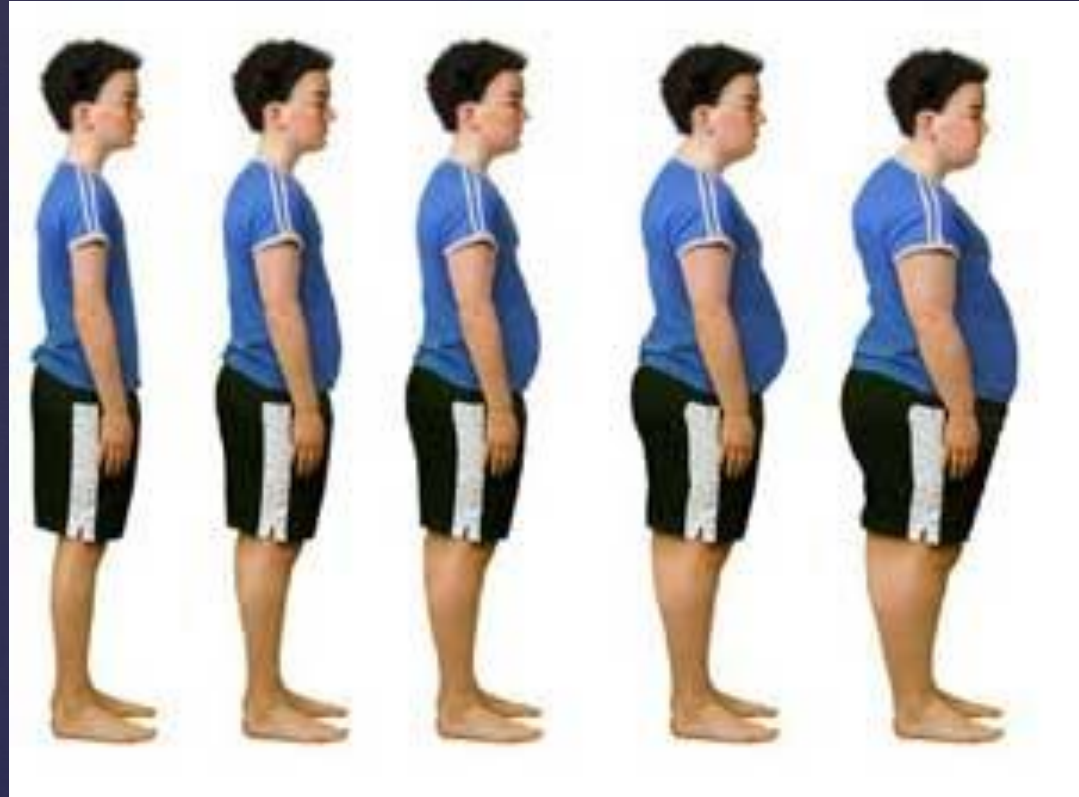
Emergency Psychiatric Services (EPS) is the only 24-hour locked psychiatric emergency room, which provides emergency psychiatric care to residents of Santa Clara County.

Mental Health Urgent Care (**MHUC**) operates a walk-in crisis clinic, with a psychiatrist on duty, seven days a week for those seeking voluntary services.

871 Enborg Court San Jose



# Nutrition Deficiency



Know what normal weight range is for each individual and help achieve and maintain it.

# Cardiac = Heart



Angiogram, heart cath,  
angioplasty, stent, coronary  
artery bypass surgery

Congestive heart failure

Blood vessel or circulation  
disorders

Stroke or cerebrovascular  
accident (CVA)



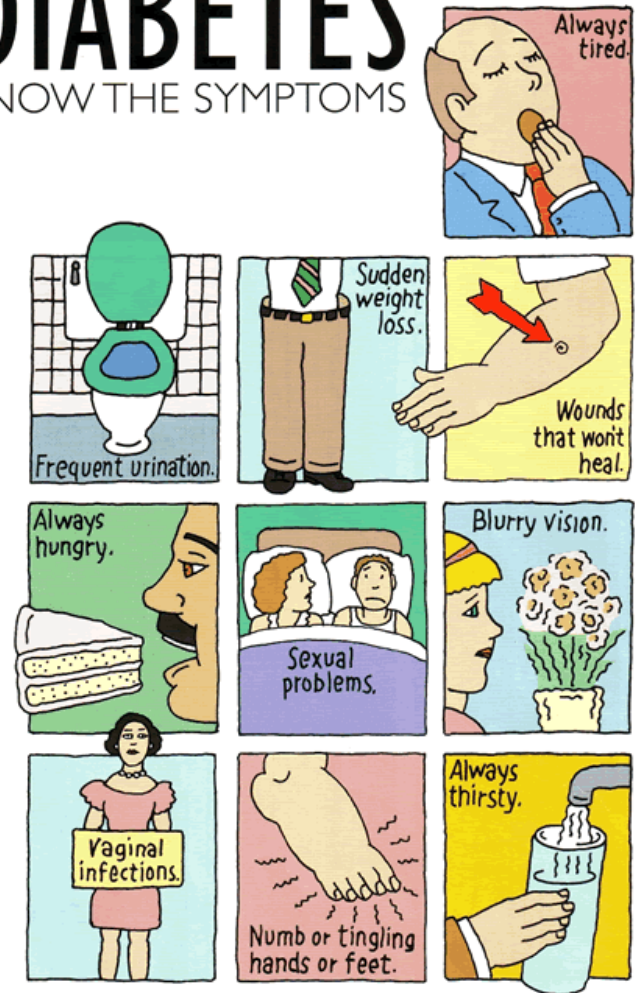


# Diabetes



## DIABETES

KNOW THE SYMPTOMS



If you have any of these symptoms, see your doctor. For more information about diabetes call Eli Lilly and Company at 1-800-545-5979 or Boehringer Mannheim Corporation at 1-800-858-8072.

Provided as an educational service  
by Eli Lilly and Company  
and Boehringer Mannheim Corporation

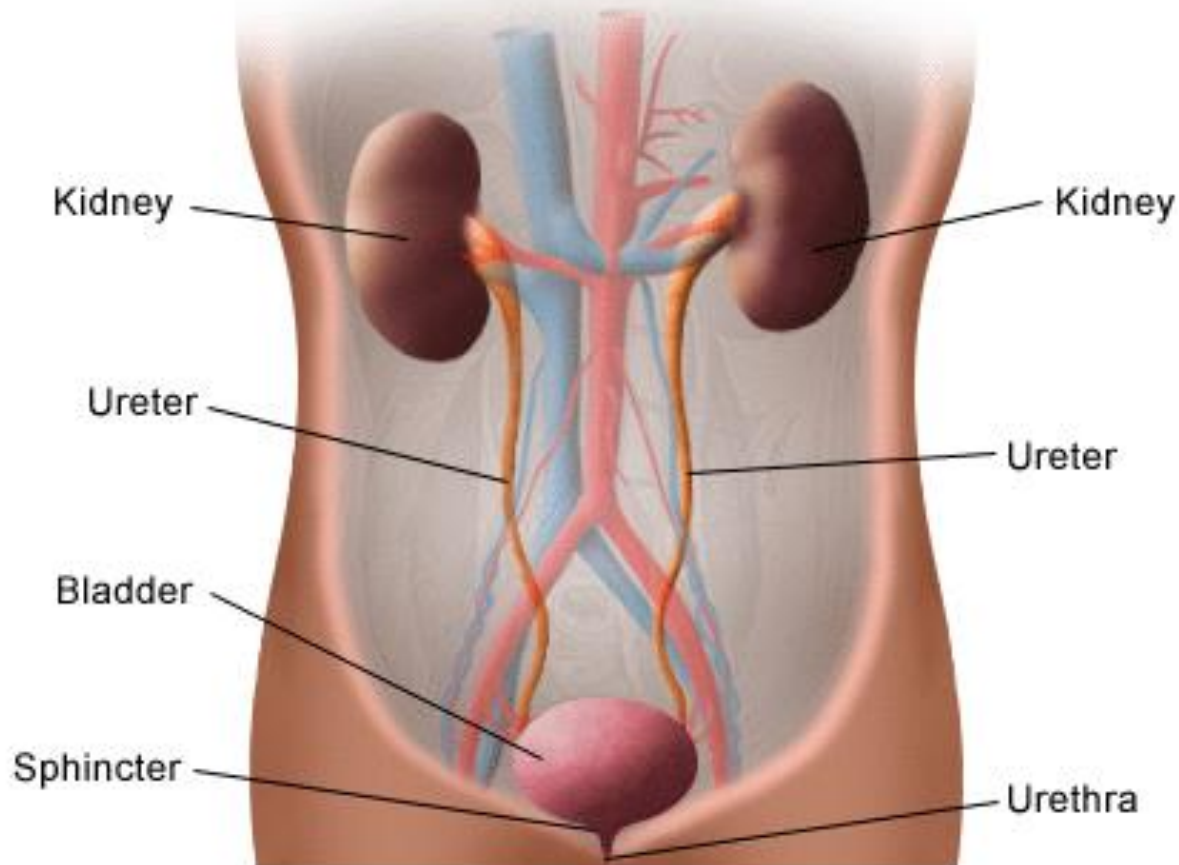


60-H-3327-2 1001627099 COPYRIGHT © 1998, ELI LILLY AND COMPANY  
ALL RIGHTS RESERVED. PRINTED IN USA.  
233-6813-0696 © 1998 BOEHRINGER MANNHEIM CORPORATION

# Internal infection

Urinary tract infection  
(urosepsis) most common

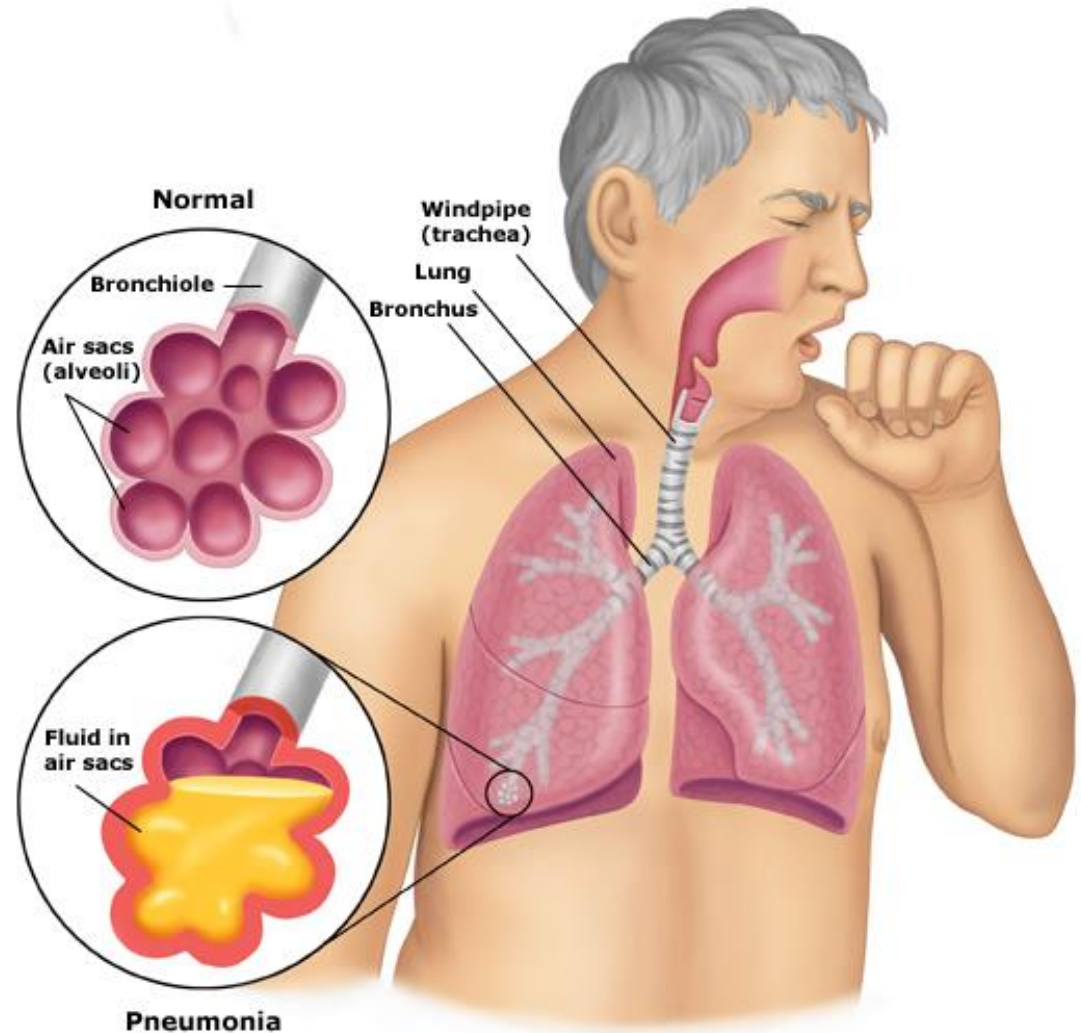
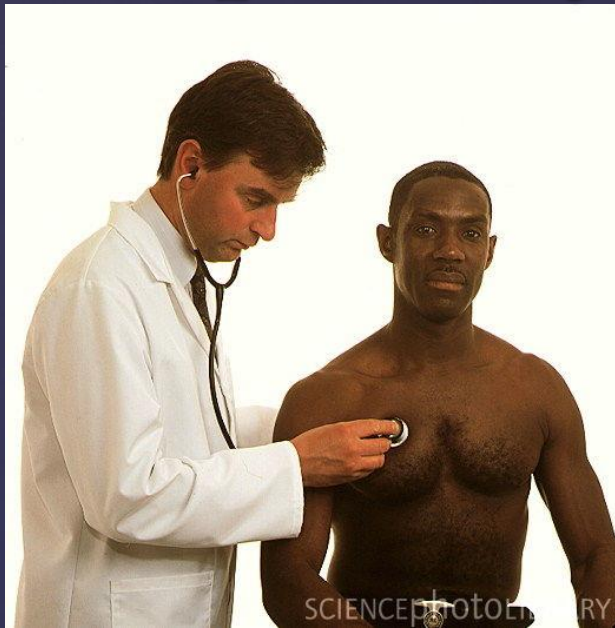
**Front View of Urinary Tract**



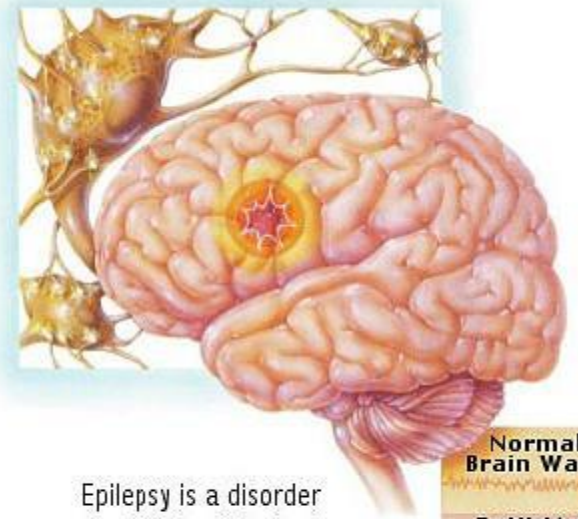


# Respiratory

Pneumonia, bronchitis, asthma, COPD, COVID-19



# Seizures



Epilepsy is a disorder marked by disturbed electrical rhythms in the central nervous system.

**Normal Brain Wave**

**Petit Mal Seizure**

**Grand Mal Seizure**





# Wound or Skin Care

& Pressure sores

& Skin infection -  
cellulitis

& Burns



# Hospital - other

When person is hospitalized  
for conditions not listed  
above



# Victim of Crime



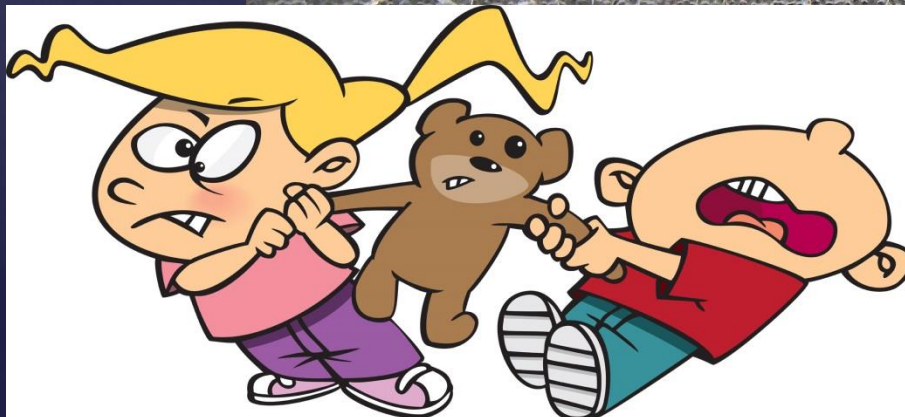
- **Aggravated Assault:** a sudden, violent attack
- **Burglary:** breaking & entering with intent to commit a crime
- **Larceny:** the wrongful taking of another's possessions, stealing
- **Personal robbery:** taking something off the person (body)
- **Rape or attempted rape-** unwanted or forcible sexual assault, with or without penetration

# When a crime occurs and law enforcement is involved...

- ⌘ When given a card by the officer, it will have a case number, type of incident/report, and contact information of the officer
- ⌘ Use this case number and incident type when contacting the law enforcement agency
- the “type” of incident is what should be entered on the Regional Center SIR form



# Aggressive acts







# Other types of aggressive acts include:

- & Severe verbal threats
- & Suicide attempt
- & Suicide threat
- & Other sexual incident
- & Property damage
- & Fire setting
- & Aggressive act involving a weapon





# Death – always a separate SIR



SANTA CLARA COUNTY OFFICE OF THE

**SHERIFF**

# Information to Include for Deaths

- ⌘ All Deaths must be reported to the Regional Center regardless of situation or circumstance
- ⌘ Document if 911 was called
- ⌘ Document if CPR was done
- ⌘ Include any information about an autopsy
- ⌘ Contact your SC and or Manager by phone
- ⌘ If the consumer is receiving Hospice, that agency must be notified



**Complete Only if Incident Type is Death**

**Describe the circumstances of the consumer's death/nature of medical treatment and where administered**

**Other comments or information regarding death ( Please include all psycho-social information)**

**Type of Death**  
***Disease Related***  
***Unknown***

***Non-Disease Related***

Homicide

Accident

Abuse/Neglect

Suspected Substance Abuse

Catastrophic Event (Fire, Flood)

Other (specify)

Suicide

Alleged

# SOC 624A

Community Care Licensing requires the licensee to submit the form SOC 624A when a resident passes away, even if the person was in the hospital

# Incident Response

- & Insure safety
- & Notify people or agencies as required
- & Check for completeness
- & Inquire into inconsistencies
- & Document details
- & Explore causes
- & Note necessary additions or corrections
- & Track follow-up & completion

*See handout*

# Submit SIR quickly!

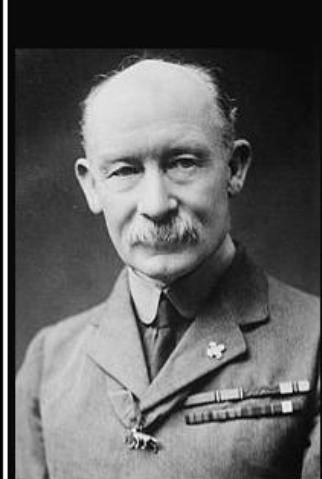
- ✂ Email within 24 hours of occurrence
- ✂ Can fax it as an alternative, but email is the best way
- ✂ Follow instructions on the website: [www.sanandreasregional.org](http://www.sanandreasregional.org) Click on “Service Providers” tab, then click on “Special Incident Report”



# Close the Loop: Prevention

## Be Prepared!

- & Staff training- scenarios of possible incidents and how to respond
- & Quarterly Reports – summary of data collected relating to SIRs, behavior plan, care plan
- & Assess your residents and know what equipment, documents, supplies would be needed if an unexpected situation occurred



Be Prepared... the meaning of the motto is that a scout must prepare himself by previous thinking out and practicing how to act on any accident or emergency so that he is never taken by surprise.

(Robert Baden-Powell)

izquotes.com

Like the Boy Scouts, BE PREPARED.  
Be prepared for incidents and accidents to happen.  
Be prepared for natural disasters.

Train, train, train!



# Maintaining SIRS in Consumer File

- ⌘ The Special Incident Report is considered a legal document
- ⌘ All SIRS and related documentation must be kept in the consumer file

# Ask for help if needed

SIR desk: 408-341-3440

[kmagleby@sarc.org](mailto:kmagleby@sarc.org)

& Call or email your Service  
Coordinator for assistance



*Questions?*

*Thank you for your time  
and attention!*