

Protective Services On-Call Schedule
Form A: For Berkshire County, Franklin County and Highland Valley ONLY

Agency: _____

PAGER #: _____

Month: _____

1.	Home #:	16.	Home #:
2.		17.	
3.		18.	
4.		19.	
5.		20.	
6.		21.	
7.		22.	
8.	Home #:	23.	Home #:
9.		24.	
10.		25.	
11.		26.	
12.		27.	
13.		28.	
14.		29.	
15.		30.	
		31.	

DUE TO COVERAGE CONCERNS, PAGE OUT ALL ADULT FAMILY CARE CALLS

PROTOCOL

1. CALL WORKER AT HOME FIRST
2. If no answer (add pages for more space):

BACK-UP PROTOCOL

1. Call _____
at home: _____
2. If no answer (add more pages if needed):

3. If still no response:

Prepared by: _____ Date: _____ Dir. of Agency: _____ Date: _____

Mail by the 15th of the preceding month to: Elder Abuse Hotline, c/o Holy Family Hospital, 70 East Street,
Methuen, MA 01844