

# Safety Plan

**Client Name**

**Client ID**

**Effective Date**

**Author**

## Safety Plan

### When I am Doing Well

*How do you feel when things are going well in your life?*

### My Warning Signs of Potential Crisis

*What feelings, thoughts, or beliefs would help you recognize that a crisis may be starting?*

### Ways to Support Myself

*What are some healthy strategies, activities, (hobbies, interests, etc.) you enjoy that help you focus on taking care of yourself?*

**Coping Skills**

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*What are some positive coping strategies to use in moments when you are feeling overwhelmed or anxious?*

**People or Social Settings that Provide Support**

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*What connections do you have with family, friends, faith groups, communities, or pets? Where do you feel safe and supported? Who is the person(s) and contact(s) that you can openly talk about your crisis with?*

**Connections with Professionals or Agencies I Can Reach Out to When I am in a Crisis**

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*Include the person's/agency's name and contact information. Include local emergency departments and phone numbers.*

**Ways to Make My Environment Safe**

*Are there things you can remove or put away to help keep you safe? Are there any firearms/weapons in your home that can be stored safely? Is there someone who can support you with this?*

<b>Client Signature</b>		<b>Date</b>	
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<b>Parent/Guardian Signature (if applicable)</b>		<b>Date</b>	
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<b>Parent/Guardian Printed Name(if applicable)</b>			
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<b>Program Name</b>			
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<b>Provider Signature</b>		<b>Date</b>	
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<b>Provider Printed Name &amp; Credentials</b>			
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