

SAFETY PLAN

SUICIDE PREVENTION

Name: _____

Date: _____

TRIGGERS:

What experiences and situations cause you to feel symptoms of stress, panic, anxiety, or depression?

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WARNING SIGNS:

What are the signs (thoughts, feelings, and behaviors) that you are starting to go into crisis?

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COPING STRATEGIES:

What can you do on your own to calm down, alleviate stress, distract yourself from the problem, and make yourself feel better?

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PEOPLE OF TRUST:

If you can't cope on your own, contact an adult of trust or call one of the crisis numbers listed below for help:

- _____ Number: _____
- _____ Number: _____
- _____ Number: _____

CRISIS NUMBERS:

- 911 (emergencies)**
- Youth In Crisis Hotline: 1-800-448-3000
- Domestic Violence Hotline: 1-800-799-7233
- _____
- _____
- Suicide and Crisis Prevention Hotline: 988**
- National Child Abuse Hotline: 1-800-422-4453
- Substance Abuse Hotline: 1-800-622-4357

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RESPONSIBLE ADULT'S COMMITMENT:

As the adult responsible for the youth, I will do the following to ensure that they are safe:

Ensure appropriate supervision of the youth. Our supervision plan is the following:

- Monitor the youth's behavior, mood, and activities. Know where the youth is at all times.
- Monitor the youth's access to potentially harmful objects such as medications, cords, sharp objects, weapons, etc.
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I affirm that we have discussed and agreed to the above Safety Plan:

Youth's Name	Youth's Signature	Date
Responsible Adult's Name	Responsible Adult's Signature	Date
Case Worker's Name	Case Worker's Signature	Date



Keep this plan in a safe place.