

# SAFETY PLAN

## SUICIDE PREVENTION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### TRIGGERS:

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

- ☐
- ☐
- ☐
- ☐

### WARNING SIGNS:

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

- ☐
- ☐
- ☐
- ☐

### COPING STRATEGIES:

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

- ☐
- ☐
- ☐
- ☐

### 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:

- |                                |               |
|--------------------------------|---------------|
| <input type="checkbox"/> _____ | Number: _____ |
| <input type="checkbox"/> _____ | Number: _____ |
| <input type="checkbox"/> _____ | Number: _____ |

### CRISIS NUMBERS:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>911 (emergencies)</b>                  | <input type="checkbox"/> <b>Suicide and Crisis Prevention Hotline: 988</b> |
| <input type="checkbox"/> Youth In Crisis Hotline: 1-800-448-3000   | <input type="checkbox"/> National Child Abuse Hotline: 1-800-422-4453      |
| <input type="checkbox"/> Domestic Violence Hotline: 1-800-799-7233 | <input type="checkbox"/> Substance Abuse Hotline: 1-800-622-4357           |
| <input type="checkbox"/> _____                                     |  |
| <input type="checkbox"/> _____                                     |  |

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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.
- ☐
- ☐
- ☐

**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.*