

SAFETY PLAN

Our Commitment to Being Safe and Well Cared For

Name: _____

Date: _____

These are my rights as a child:

To live in a safe environment.

To have parents or caregivers who take care of me.

To receive meals three times a day, dress in clean clothes, and have a roof over my head.

To have privacy when I need it.

To go to school in a safe environment, where I'm treated equally to my peers.

To be disciplined without the use of violence.

To be included regardless of my race, religion, or mental or physical ability.

To live free from physical, verbal, or emotional abuse.

To live free from sexual abuse, harassment, or exploitation in any form.



SAFE PLACES:

If I don't feel safe where I am, I can go to one of these safe places:

- _____
- _____
- _____

PEOPLE OF TRUST:

These are people of trust who I can call to ask for help. They can help keep me safe.

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

Keep this plan in a safe place.

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CRISIS NUMBERS:

I can call one of these crisis numbers to ask for help if I'm a victim of any type of abuse, neglect, or maltreatment. If I am in immediate danger, I should call 911.

- 911 (for any emergency)**
- Child Abuse Hotline: 1-800-422-4453
- Domestic Violence Hotline: 1-800-799-7233
- National Human Trafficking Hotline: 1-888-373-7888
- _____
- _____

RESPONSIBLE ADULT'S COMMITMENT:

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

- Provide for the youth's basic needs and promote healthy habits: food, clothing, medical care, etc.
- Ensure appropriate supervision of the youth. Our supervision plan is as follows:

- Discipline the youth appropriately, without the use of violence. For example:

- Establish appropriate rules and expectations for the youth. In our house, the rules are:

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.