



Safety Plan

Name:

Date:

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1.	
2.	
3.	

Step 2: Internal coping strategies--Things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity):

1.	
2.	
3.	

Step 3: People and social settings that provide distraction:

Name:	Phone:
Name:	Phone:
Place:	
Place:	

Step 4: People whom I can ask for help:



Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

Step 5: Professional or agencies I can contact during crisis:

Mental Health Clinician(s)	
Name:	Phone:
Name:	Phone:

Success Advocate/Case Manager(s)	
Name:	Phone:
Name:	Phone:

Local Urgent Care Services/Mental Health Clinic
Name of Clinic:
Address:
Phone:

Hotlines and Emergency Contacts	
Prevention Lifeline	1-800-273-TALK
Domestic Violence Hotline	1-800-799-SAFE (7233)
Immediate Danger	911
Local Police Precinct	#:



Name

Signature

Date