**Date of Plan:**

**Safety Plan**

**Name: Date of Birth:**

|  |
| --- |
| **Know When to Get Help** |

The unhealthy thoughts, feelings, and behaviors I struggle with are:

I know I need to get help when I (complete the sentence):

|  |
| --- |
| **Coping Skills** |

Coping actions and activities that I can do to keep me and/or others safe include:

|  |
| --- |
| **Social Supports** |

This is a list of trusted family members and friends I will immediately contact for help (include phone number):

|  |  |
| --- | --- |
| **Family Member/Friend** | **Phone Number** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Seek Help from Professionals** | |
| South Central Crisis Center/Mobile Crisis Team | 877-399-3040 |
| Local Emergency Number | 911 |
| Suicide Hotlines | 1-800-SUICIDE  1-800-273-TALK  1-800-799-4889 (for deaf/hard of hearing) |
| Suicide and Crisis Lifeline | 988 |
| Professional or Agency |  |

|  |  |
| --- | --- |
| **Client Signature** | **Date** |

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