

## Safety Plan

I, \_\_\_\_\_, will follow this safety plan until the next time I receive services. This means I will not engage in suicidal behavior. I will use the steps listed below to assist with my safety, call my team members/people in my support system/crisis numbers listed below as needed, or admit myself into the hospital if needed.

Events that might lead to safety concerns:

- 1)
- 2)
- 3)
- 4)

Specific steps I will take to maintain my safety:

- 1)
- 2)
- 3)
- 4)
- 5)

Team members/other people in my support system/crisis numbers I will call for help are:

- |                                         |               |       |
|-----------------------------------------|---------------|-------|
| 1)                                      | Phone number: | _____ |
| 2)                                      | Phone number: | _____ |
| 3)                                      | Phone number: | _____ |
| 4) County Crisis Line                   |               | _____ |
| 5) Crisis Text Line                     |               | 988   |
| 6) Crisis line for MH and Substance Use |               | 988   |
| 7) Emergency                            |               | 911   |

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist signature: \_\_\_\_\_ Date: \_\_\_\_\_