

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: _____