

Your Name _____

's Safety Plan on

Today's Date _____

Step 1: My Warning Signs of a Crisis

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Step 2: Activities I Can Do By Myself to Try to Take my Mind off of Things

THINGS I LIKE TO DO, COPING SKILLS, OR THINGS I'M GOOD AT:

Step 3: Taking My Mind off of Things

PEOPLE WHO CAN DISTRACT ME:

PLACES I CAN GO TO:

Step 4: People I Can Call for Help

NAME OF PERSON:

RELATIONSHIP:

CONTACT INFO:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Step 5: Ways That Supportive People Can Help Me Stay Safe

Step 6: I Can Call These Very Important Phone Numbers To Stay Safe!

WHO:

CONTACT INFO:

WHEN:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I'M GOING TO USE MY PLAN BECAUSE THESE ARE MY REASONS TO LIVE

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Safety Plan | Adapted by Social Work Tech (2021) from an original work by Barbara Stanley, Gregory K. Brown (2008)

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