

Client Crisis/Safety Plan

Client's Name: _____ Date: _____

Caregiver(s): _____

Legal Guardian(s): _____

Provider/Counselor: _____

1. List the crisis or safety concerns for the client and other family members/caregivers.

- No crisis or safety concerns were identified. Clients were given appropriate resources. Item #2 below was filled out.*

2. List formal and informal supports. These can be family, friends, respite providers, social workers, community supports such as faith-based organizations (and so on). These are people available to help with crisis/safety concerns. *(Fill out even if there are no current concerns.)*

3. How can these support people help during a crisis?

Name: _____ Phone: _____

Action: _____

Name: _____ Phone: _____

Action: _____

Name: _____ Phone: _____

Action: _____

Name: _____ Phone: _____

Action: _____

4. Steps for the crisis plan. *(Use if safety concerns are immediate or the situation could get out of hand. Describe what might happen and what you'd do. Include phone numbers of people you would call.)*

IF THERE IS A MEDICAL EMERGENCY, CALL 911.

5. Local Crisis Line number: _____

This is only a suggested action plan. Input from other service providers should be taken into account. This can include therapists, doctors, and emergency services.

This sample Crisis/Safety Plan was developed as part of the *Families Moving Forward Program* and adapted for this TIP with permission of the authors.