

Crisis/Safety Plan

Client Name:	
Client #:	Date:
Emergency Contact Name / Relationship*	Telephone Number
*Is this contact the same as on the Consolidated Demographic? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please submit an updated Consolidated Demographic Form.)	
What does a crisis look like for you?	
What is likely to set off a crisis?	
What is Helpful? (Intervention Steps: Call a friend, Listen to music, Write in a journal, Go for a walk, Exercise, Go to sleep, Medication, Call Therapist, Call Crisis)	
Who is Helpful?	
What is Not Helpful?	
Who is Not Helpful?	
<ul style="list-style-type: none"> • Have you ever called a Crisis Program? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Does not apply • Have you ever been in a crisis unit? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Does not apply • Would you be interested in having a meeting with a crisis worker in your area to develop a new crisis plan? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Does not apply • Do you have a crisis plan on file at your local crisis contractor? <input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>Does not apply 	
Important Telephone Numbers	
STATEWIDE CRISIS: 1-888-568-1112	LOCAL POLICE : 911
STATE POLICE: 1-800-482-0730	LOCAL FIRE: 911
POISON CONTROL: 1-800-442-6350	OTHER:
Other Information: (Included telephone number if applicable)	
Client Signature:	Date:
Parent/Guardian Signature:	Date:
Agency Staff Signature:	Date:
Provider Signature:	Date:
Provider Printed Name and Credentials:	