**Safety Plan**

**Name:**       **Date of Birth:**

**MIS #:**      

1. My current stressors and recent loss/other events or warning signs that a mental health crisis is imminent:
2. My internal coping skills:
3. My positive distractions:
4. My support people::
   1. Primary:
   2. Secondary:
   3. Other:
5. My professional helpers:
   1. Treatment team providers:
   2. VCSB ES:
   3. 911
6. My life is valuable because:
7. I will make my environment safe by:
8. My follow-up plan:
   1. (Client Contribution)
   2. (Clinician Contribution)
   3. (Other family/friend/provider)
9. My Future appointments:

Client Signature Date

Guardian or Authorized Representative Signature Date

Guardian or Authorized Representative Name

Refusal to sign\*

\*My signature above indicates that I understand my plan and that I commit to follow it as outlined above.

VCSB Staff Signature Date

Witness Consult Signature (If applicable) Date

Witness Consult Name (If applicable)