

Name Birth Date Medicaid Number MRN



CLIENT SAFETY PLAN

STEP 1 : Warning Signs (*thoughts, images, mood, situation, behavior*) that a crisis may be developing

1	
2	
3	

STEP 2: Internal Coping Strategies (*Relaxation technique, Physical Activity*)

1	
2	
3	

Step 3: People and social settings that provide distraction

1	
2	
3	

Step 4: People whom I can ask for help

1	
2	
3	

Step 5: Agencies or professionals to contact

1	
2	
3	

Step 6: Making the environment safe

1	
2	

Client Signature

Date

Staff Signature

Date