

Proactive Safety Planning

This is a form to help you feel confident that even in moments of uncertainty, you have created pathways for stability.

Participant:	Version:	Date:
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About Me:

Name:

Date of Birth:

Address:

Health Insurance Number:

Role	Name	Telephone Number
Emergency		
Contact this person 1 st		
Contact this person 2 nd		
Supportive Housing Staff		
Other		

What are some things that might cause you to feel overwhelmed?

How do you feel you best handle moments when you feel overwhelmed or stressed? Can you think of examples?

Based on your previous experience, what are warning signs that you may be feeling increasingly overwhelmed or stressed?

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As it pertains to my mental health:

If you notice I am doing or saying _____ *Then _____ (actions, reminders, etc.)*

_____	_____
_____	_____
_____	_____

List some people, places, or activities that are helpful during moments of distress.

Person/place/thing/relationship:

Phone number:

Person/place/thing:

Phone number:

Person/place/thing:

Phone number:

If crisis were to occur, these are the special arrangements or things I need to have taken care of for me (check on pets, make sure unit is locked, etc.)

Emergency/Medical Contacts

Participant

Signature

Date

Supportive Housing Staff

Signature

Date