Family&Children FIRST COUNCIL

Addendum F

Youth & Family Crisis & Safety Plan

Client's Name: ____________________________________ Date: _____________________

Current Family Members	
Name	Relationship

Medications	Secured	
	○ Yes	○ No
	○ Yes	○ No
	○ Yes	○ No
	○ Yes	○ No

Identify Safety Concerns	
Suicide Ideation, Gestures, Attempts	
Violence to others or property	
Self Injurious Behaviors	
Personal Safety (running away)	
Other	
Other	

Safety Checklist	
Item (weapons; medications; harmful objects; drugs; ingestible, etc.)	Safety Measures Taken

Destabilizing Factors and Triggers	
Drugs & Alcohol	
Family Conflict	
Trauma Triggers	
Peers	
Other	
Other	

Support (Who and what is helpful?)
1)
2)
3)
4)

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5)	

Youth & Family Crisis & Safety Plan

Child's Name:	Date:
Crisis team members: Who is available to help	
Name	Contact Number
LEAD	
MH Provider	
Crisis Agency	
Police	

Plan Specify actions to be taken; roles and responsibilities	
Safety Action Step	
Person(s) Responsible	
Safety Action Step	
Person(s) Responsible	
Safety Action Step	
Person(s) Responsible	
Safety Action Step	
Person(s) Responsible	
Safety Action Step	
Person(s) Responsible	

Monitoring Plan	
Staff member(s)	
Frequency of monitoring	
Type: phone/in person	

________________________________ ________________________________

Parent/Guardian Signature and Date

Youth Signature and Date

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Provider Signature and Date

Supervisor Signature and Date