



Name: _____

DOB: _____

MRN: _____

Date: _____

This plan is designed to help maintain my wellbeing and prepare me for times of high stress and/or crisis. It includes making my environment safe, identifies when I need help, and my coping strategies.

MAKING MY HOME SAFE
<input type="checkbox"/> Lock up all sharp objects, weapons, medications, choking items, and poisons
<input type="checkbox"/> Increase supervision
<input type="checkbox"/> Guardian will search child's room to ensure unsafe items are removed
<input type="checkbox"/> Follow daily routine
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

KNOWING WHEN I NEED HELP:

I know I am beginning to feel stressed and unsafe when:

Physical (Body)	Thoughts & Feelings

COPING SKILLS & PROBLEM SOLVING

What can I do on my own to make the situation better?		
<input type="checkbox"/> Draw/color	<input type="checkbox"/> Listen to music	<input type="checkbox"/> Write in journal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When my parents notice my warning signs, what can they do to help?		
<input type="checkbox"/> Listen	<input type="checkbox"/> Give space, but check in	<input type="checkbox"/> Spend one-on-one time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAMILY/FRIEND SUPPORTS

When my parents and I struggle to resolve my crisis, who can we call for additional help?

Place/Name	Phone Number
1.	
2.	
3.	





Name: _____

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COMMUNITY SUPPORTS

When my parents and I struggle to resolve my crisis, who can we call for additional help?

Place/Name	Phone Number
1.	
2.	
3.	

UPCOMING APPOINTMENTS

Place/Name	Date/Time
1.	
2.	

- I will refer to this plan when I am having a crisis.
- I will review this plan with my family.
- I will review this plan with my mental health providers.
- I will review this plan with somebody I trust at school.

ADDITIONAL COMMUNITY RESOURCES

Place/Name	Phone Number
<input type="checkbox"/> Hamilton Co. Mobile Crisis	(513) 584-5098
<input type="checkbox"/> Butler Co. Mobile Crisis	1 (844) 427-4747 or 1-844-4CRISIS
<input type="checkbox"/> Clermont Co. Mobile Crisis	(513) 528-7283
<input type="checkbox"/> Warren/Clinton Co. Mobile Crisis	1 (877) 695-6333
<input type="checkbox"/> Talbert House Care Crisis Hotline	(513) 281-CARE [2273]
<input type="checkbox"/> Northern Kentucky Crisis Line (NorthKey)	(859) 331-3292
<input type="checkbox"/> National Suicide Prevention Lifeline	1 (800) 273-TALK [8255]
<input type="checkbox"/> Suicide Prevention My3 App	http://my3app.org/
<input type="checkbox"/> CCHMC Psychiatric Intake Response	(513) 636-4124
<input type="checkbox"/> Emergency Services	911

Patient signature _____ Printed name _____ Date _____

Parent/Legal guardian signature _____ Printed name _____ Date _____