**My Yellow Line Plan**

**Personal Commitments:**

**What unhealthy thoughts/feelings/behaviors am I struggling with right now that I want to CHANGE?**

|  |  |
| --- | --- |
| Inability to concentrate | Sleeping too much or too little |
| Anxious or racing thoughts | Using alcohol or other drugs |
| Feeling overwhelmed | Loneliness and isolation |
| Eating more or less | Become irritable, aggressive, or mean |
| Physical symptoms (aches/pain/nausea) | Avoid responsibility |
| Other: | Other: |
| Other: | Other: |

**I fully commit to START engaging in activities that can help me work through unhealthy thoughts/feelings/ behaviors:**

|  |  |
| --- | --- |
| Exercise | Participate in or find a new hobby |
| Eat healthy | Journaling |
| Call mobile crisis | Attend AA/NA/recovery meeting |
| Religious or spiritual involvement | Connect with others |
| A safe place I can go: | Avoid unhealthy individuals |
| Other: | Other: |
| Other: | Other: |

**Goals and Priorities** (goals and priorities can focus on improving functional life skills in the following areas):

|  |
| --- |
| **Mental Health • Use of Drugs and Alcohol • Health and Well-Being • Employment • Education • Financial Assistance**  **Housing • Relationships with Family and Friends • Transportation • Legal Issues • Spiritual • Cultural**  **Social Connectedness • Use of Leisure Time** |
| Goal (1): |
| Action Step: |
| By When: |
| Goal (2): |
| Action Step: |
| By When: |
| Goal (3): |
| Action Step: |
| By When: |

**Community - I will ask for help from…** (healthy and supportive family, friends, clergy, coworkers, etc.):

|  |  |
| --- | --- |
| Who | By When |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Seek Help from Professionals** | South Central Crisis Center/Mobile Crisis Team: 877-399-3040  Local Emergency Number: 911  Professional or Agency:  Suicide Hotlines: 1-800-SUICIDE / 1-800-273-TALK / 1-800-799-4889 (for deaf/hard of hearing)  Crisis Text Line: TEXT: MN to 741741 |

**I understand failure to follow-through on these/future goals will result in discharge from the Yellow Line Project.**

|  |  |
| --- | --- |
| **Client Signature** | **Date** |
| **Community Based Coordinator Signature** | **Date** |
| **Clinical Supervisor Signature** | **Date** |