

Date of Plan: _____

Safety Plan

Name: _____

Date of Birth: _____

Know When to Get Help

The unhealthy thoughts, feelings, and behaviors I struggle with are: _____

I know I need to get help when I (complete the sentence): _____

Coping Skills

Coping actions and activities that I can do to keep me and/or others safe include:

Social Supports

This is a list of trusted family members and friends I will immediately contact for help (include phone number):

Family Member/Friend	Phone Number

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