**My Yellow Line Plan**

**Personal Commitments:**

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

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

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

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

Safe place to go:

**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: 877-399-3040Local Emergency Number: 911Suicide Hotlines: 1-800-SUICIDE / 1-800-273-TALK / 1-800-799-4889 (for deaf/hard of hearing)Suicide and Crisis Lifeline: 988Professional or Agency:  |

**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** |

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