

My Yellow Line Plan

Personal Commitments:

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

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

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

<input type="checkbox"/> A safe place I can go	<input type="checkbox"/> Connect with others	<input type="checkbox"/> Other:
<input type="checkbox"/> Attend AA/NA/recovery meeting	<input type="checkbox"/> Eat healthy	<input type="checkbox"/> Other:
<input type="checkbox"/> Avoid unhealthy individuals	<input type="checkbox"/> Exercise	<input type="checkbox"/> Participate in or find a new hobby
<input type="checkbox"/> Call mobile crisis	<input type="checkbox"/> Journaling	<input type="checkbox"/> 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: 877-399-3040 Local Emergency Number: 911 Suicide Hotlines: 1-800-SUICIDE / 1-800-273-TALK / 1-800-799-4889 (for deaf/hard of hearing) Suicide and Crisis Lifeline: 988 Professional or Agency: _____
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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