



# Suicide Safety & Self-Care Plan

Have you had thoughts of suicide?  Yes  No

Did you have a plan?  Yes  No

If yes, please explain:

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What are stressors that have caused you to think of suicide?

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Do you have a counselor?  Yes  No

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Counselor Contact Number: \_\_\_\_\_

## Coping Mechanisms

Things to distract me:


People that provide distractions or help:

	Lifeline: 1-800-273-8255

How can we help you access or increase your coping mechanism?

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**IF MY THOUGHTS RETURN TO SUICIDE I WILL COME TALK TO A STAFF PERSON OF A BETTER WAY.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I am important and the one thing worth living for is:

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