## Suicide Safety & Self-Care Plan

### Have you had thoughts of suicide?  
- [ ] Yes  
- [ ] No

### Did you have a plan?  
- [ ] Yes  
- [ ] No

If yes, please explain:

____________________________________________________________________________________________
____________________________________________________________________________________________

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

____________________________________________________________________________________________
____________________________________________________________________________________________

### Do you have a counselor?  
- [ ] Yes  
- [ ] No

Name: ____________________________  
Agency: ___________________________

Counselor Contact Number: ______________________

### Coping Mechanisms

**Things to distract me:**

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**People that provide distractions or help:**

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

____________________________________________________________________________________________
____________________________________________________________________________________________

### 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: