



**CA:tCH Plan  
Personal Safety Plan**

<b>Date Created:</b>	<b>Facilitator:</b>
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<b>Full Name:</b>	<b>Nickname or preferred name:</b>
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<b>Pronouns:</b> she/hers    he/his    they/them    ze/zer    ask me	<b>Guardian:</b> Yes    No Name/s:
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<b>Primary Address:</b>	<b>Phone or other contact:</b>
<b>City, State, Zip:</b>	<b>Relationship:</b>
<b>2nd Address:</b>	<b>Phone or other contact:</b>
<b>City, State, Zip:</b>	<b>Relationship</b>
<b>3rd Address:</b>	<b>Phone or other contact:</b>
<b>City, State, Zip</b>	<b>Relationship</b>
<b>4th Address:</b>	<b>Phone or other contact:</b>
<b>City, State, Zip</b>	<b>Relationship</b>

# Personal Safety Plan

Participant Name:

Date:

1 of of 57

**When I am feeling unsafe or need assistance, here is what I might be thinking or doing:**

1.

2.

3.

**These are things that help me when I feel upset, or make me feel better:**

1.

2

# Personal Safety Plan

**Participant Name:**

**Date:**

3.
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<b>These are the people I want involved if I feel unsafe:</b>	<b>Contact Information:</b>	<b>This is how I want them involved:</b>
1.		
Contacted	Not contacted	Left Message
2.		
Contacted	Not contacted	Left Message
3.		
Contacted	Not contacted	Left Message
<b>These are the things that need to be taken care of by others in the event that I have to leave my home:</b>	<b>Person assigned:</b>	<b>Contact Information:</b>
1.		
2.		

# Personal Safety Plan

Participant Name:

Date:

3.		
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Providers to contact if I need help:	Contact Information:
1.	
2.	
3.	

Are there providers that you would prefer not to involve in your care? Who?

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Are there any medical issues you would like your mental health practitioner to know about?

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If you have an interaction with first responders, such as law enforcement, dispatch, emergency medical services or jail staff, what do you want them to know? (This information will be entered into shared first responders systems, including dispatch for Ashland and Bayfield Counties, so they can help you quickly.)

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## CA:tCH Plan Release of Information



## CA:tCH Plan Signature Page

**Participant Name**

**Facilitator**

**Participant Signature**

**Agency**

**Parent/Guardian Signature if needed**

**Date**

## CA:tCH Plan Release of Information



I understand that my community would like to help me be safe and well. In order for members of my community to work together more effectively, I agree:

- To create a safety plan that shares information about me that may be useful to first responders, working with me.
- That the purpose of the safety plan is for me to share information that other members of my community can use to help access my system of support and to work with people and activities I have chosen when possible.

### I authorize:

- That the safety plan I created will be shared with the members of CA:tCH (listed below)
- That my name will have a notification in the Ashland and Bayfield County Dispatch information system, alerting them to the existence of my plan which will expire after 1 year.
- My answers to the question, **“If you have an interaction with first responders, such as law enforcement, emergency medical services or jail staff, what do you want them to know?”** will be entered into Ashland and Bayfield County Dispatch information management system, so they can help me quickly.
- That members of CA:tCH may speak with each other regarding me, my current situation, and my safety plan to make sure I have any assistance I may need.
- If an organization in CA:tCH is not involved in my care or involved in responding to me when I appear to need help, my information will not be shared with them.
- Support contacts I have listed in my CA:tCH Plan may be contacted as I indicated.

### I understand:

- That staff at the organization completing the safety plan with me will share my safety plan and this release with other CA:tCH member organizations through WISHIN, a secure electronic health record sharing service.
- That the CA:tCH member organizations that may access my safety plan if they have reason to be concerned about my safety or wellbeing are listed at the bottom of this release.

