

Written Safety Plan

1. What are some of your strengths?

2. How have you been able to keep yourself safe in the past?

3. Who are some of your support people? Who supports you being here?

Name:

Contact:

What is your relationship with this person?

Name:

Contact:

What is your relationship with this person?

Name:

Contact:

What is your relationship with this person?

4. What are some ways you can you keep the location of shelter (advocacy center, etc.) confidential?

5. Is there anyone in the community that feels unsafe to you? How can we identify them and are there steps you would like staff to take?

6. What parts of town, transportation lines, or places could be uncomfortable, unsafe, or dangerous for you?

7. Have you ever had any gang involvement? If so, which gang(s)?

8. What are some things that make you feel unsafe? How could you tell staff if/when you do not feel safe?

9. What do you need from staff to feel safe? From your case manager/advocate? From your community?