



You deserve help.

Complete your Be Safe Plan with a supportive person when you are not in crisis. Consider giving a copy to an emergency contact.

Full Name _____ Date of Birth _____

Address _____

Home Phone Number _____ Mobile Number _____

Emergency Contact _____ Phone Number _____

Vehicle (make, model, year, colour, license plate) _____

Health Care Provider _____ Phone Number _____

Support Worker _____ Phone Number _____

Cultural/Spiritual Support _____ Phone Number _____

Responsibilities (school, work, pets, children, etc.) _____

Health Card _____

Health Issues/Diagnosis _____

Pharmacy _____ Phone Number _____

Drug Name	Dosage	Time	Start Date

What I can do to help myself cope:	What I need from others if I ask for help:
Things, people and places that calm me:	Important things in my life:
How do I know when I need to reach out:	In the past, when I was in crisis, this helped me:
Things I can do to keep safe I will:	Instead of: