Wraparound
REACTIVE CRISIS/SAFETY PLAN

Youth Name: Age: Date:

What is your family's definition of crisis?

What are potential risk factors/triggers for your youth/family?

What are your family's strengths that can be utilized during a crisis?

What helps you (parent/caregiver) during a crisis?

Family's natural and community supports with contact Info:

List the steps to be **taken during a crisis** (List in order of least intrusive to most):

1.
2.
3.
4.
5.
6.

To contact Emergency Mobile Psychiatric Services (EMPS) 24 hours per day 7 days per week: CALL "2-1-1"

Parent/Guardian Signature: Date:

Youth: Date:

Care Coordinator Signature: Date: