

Community Services of Hancock County
WrapAround Service Coordination
Crisis / Safety Plan

Youth / Family Name:

Date:

<u>Present at C/S Planning meetings:</u>	<u>C/S Planning meeting(s) scheduled:</u>
1. Describe the crisis, situation or behavior:	
2. Who is involved in the situation? If the crisis happens outside the home, who is involved?	
3. List the triggers to the situation. Include other activities going on that make the situation better or worse.	
4. Describe the frequency of the triggers or situation. How often do they occur? How long do they last? How intense are they?	
5. What happens after, or as a result of, the situation? What are actions, feelings, consequences, & rewards experienced by the youth? What are responses & reactions experienced by others involved?	
6. Describe past attempts to avoid the situation. How well did they work?	