

Safety Planning:

Every person's circumstances are different. Complete this plan with answers that work for you. Keep this in an accessible but secure location. If you cannot keep this plan at home, consider giving it to a friend or trusted adult.

Who can you call when you are not comfortable being at home? This can be a friend, a safe family member, or trusted neighbor. Write down their contact information and keep in a safe place.

Name: _____

Phone Number: _____

If you need to leave your home quickly, what is a safe public place you could go for a bit? This could be anywhere you feel safe that is open and has people around, like a McDonalds or library.

Safe Place: _____

Safe Place open 24/7: _____

If you need to leave your home for the night or longer, where is a safe place you could go?

Safe Place: _____

Back-up option: _____

If you need to leave your house quickly, what items would you need to take with you?

- Identification (driver's license, social security card, etc.)
- Cell Phone
- Cell Phone Charger
- Medication
- Cash
- Car Keys
- Change of Clothes
- Comfort items: _____
- Other: _____
- Other: _____

Do your parents/guardians have your passwords to your online accounts?

- Yes
 - Consider changing your passwords to something they will not guess or create separate accounts with different passwords if they would notice you changed your passwords
- No

Safety Planning:

For emergencies: Call 911

Local non-emergency number: _____

Crisis Line: 1-844-493-8255

Adult I trust: _____

Friend I trust: _____

Other important phone numbers: _____

Do you have control over your own money? If you do not, brainstorm ways you can safely save money, such as changing your direct deposit to checks, or saving small amounts in a safe location when possible.

I will save money by: _____

Are you planning on leaving soon? Consider what you will need to live safely and independently, such as housing, food, employment, etc. Check out the [Resources in Colorado](#) for assistance on meeting your basic needs.

- Housing:
- Employment:
- Transportation:
- School:
- Healthcare:
- Food:

Other things I need to do to feel safe:

