

## LA CSoC Crisis Plan Form

Recipient/Child's Name:	
Member ID:	
<b>Family / Team person helping in Crisis Plan:</b>	
<b>What does a crisis look like for</b>	<b>(add member name)?</b>
1.	
2.	
3.	
4.	
<b>1. If</b>	<b>happens, member/family/team person will:</b>
<b>Skills to use:</b>	
<b>2. If</b>	<b>happens, member/family/team person will:</b>
<b>Skills to use:</b>	

<b>3. If</b>	<b>happens, member/family/team person will:</b>
<b>Skills to use:</b>	
<b>4. If</b>	<b>happens, member/family/team person will:</b>
<b>Skills to use:</b>	

Call one of these people for help: (can include Family, Friend, Therapist, Doctors, and Support Worker)

Contact	Title or Relation	Phone #

If **danger of and/or harm to self or others**, call 911 or go to the nearest Emergency Room.

**Signatures:**

Client:	Date:
Guardian (if applicable):	Date:
Team Person:	Date:
Supervising Practitioner:	Date:
Others:	Date:

Copy of plan was given to:	Member	Family	Team Person
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***\*Revise at least yearly and/or review during treatment plan changes.***