|  |  |  |
| --- | --- | --- |
| Case Head: | Case Number:  | Event Number: |
| Worry Statement: |  |
| To prevent the worries from starting we will: |   |
| If the worries do start, we will respond by: |  |
| These are our safe and supportive people: (names and phone numbers) |  |

We understand and have helped develop this immediate safety plan:

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Caregiver: | Date: | Parent/Caregiver: | Date: |
| Child: |  | Child: |  |
| Family member: |  | Support Person: |  |
| DCF Worker: |  | Other: |  |