

# Juvenile Intake and Assessment SAFETY PLAN

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

The purpose of this safety plan is to: \_\_\_\_\_  
\_\_\_\_\_

## FACTORS TO CONSIDER

*When creating a safety plan at a minimum the following should be considered: the age of the youth; safety of the youth; safety of any other children in the home; severity of the situation, medical and emotional needs of the youth; family supports; youth and parent/guardian's current condition and behavior; availability of a responsible adult; family's willingness to participate in the plan; access to youth from any alleged perpetrator; any other circumstances pertaining to the safety of the youth.*

Begin Date: \_\_\_ / \_\_\_ / \_\_\_ End Date: \_\_\_ / \_\_\_ / \_\_\_

*Be specific - who, what, when, etc.*

**GOAL:** \_\_\_\_\_

**ACTION NEEDED TO MEET GOAL:** \_\_\_\_\_

**GOAL:** \_\_\_\_\_

**ACTION NEEDED TO MEET GOAL:** \_\_\_\_\_

**GOAL:** \_\_\_\_\_

**ACTION NEEDED TO MEET GOAL:** \_\_\_\_\_

## EMERGENCY CONTACTS AND NUMBERS:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*In the event of an emergency needing law enforcement or medical attention always call 911  
The National Suicide and Crisis Lifeline can be reached by calling 988  
The Kansas DCF Family Mobile Crisis Helpline is available at (833) 441-2240*

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Juvenile Intake Staff Signature

\_\_\_\_\_  
Date

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