

Safety Plan

Participant:		Effective Date:	
Purpose: To provide an overview of the supports needed to maintain the safety and wellbeing of the participant and others.			
Provider:		Plan Written By:	<input type="checkbox"/> Residential <input type="checkbox"/> Day Services
Description of Safety Concerns:			

Safety Plan

Behavioral Supervision

Type of Supervision	Where/When/Why	When Not Available

Health Supervision

Type of Supervision	Condition/How effects Safety	Where/When/Why	When Not Available

Safety Plan

Supportive Devices

Device	Where/When/Why	Staff's Response	When Not Available

Other Interventions

Intervention	Where/When/Why	Staff's Response	When Not Available