

<h2 style="margin: 0;">SINGLE PLAN OF CARE</h2> <h3 style="margin: 0;">Safety Plan</h3>			
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Youth/Family Name		Date	
Address/Telephone		ID #	

Care Coordinator/ Case Manager	
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<b>Potential Crisis:</b>	
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<b>Action Steps</b>	<b>Person(s) Responsible/Phone #'s</b>

<b>Potential Crisis:</b>	
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<b>Action Steps</b>	<b>Person(s) Responsible/Phone #'s</b>

<b>Potential Crisis:</b>	
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<b>Action Steps</b>	<b>Person(s) Responsible/Phone #'s</b>

Type of Support Needed	Duration & Frequency	Total Units of Time

