

Response Plan for _____

DOB: _____ Phone _____ Alternative Phone: _____

Email _____

Address of residence: _____

*(For a support person reading this plan: **Thank you for caring about me.** While I do understand that unforeseen circumstances may arise, I ask that you speak with me directly if possible and explain your cause for concern (for example, "I noticed you are skipping meals"). Please help me identify through asking questions about what is going on (for example, "What's feeling heavy right now?") and make suggestions from my Plan. I value the opportunity to have agency in my personal wellness, and to make informed decisions. If I am unable to communicate clearly, please attempt to reach out to my trusted Emergency Contact listed below.)*

Primary Emergency Contact:

Name: _____ Phone: _____ Email: _____

Relationship to me: _____

Indicators I may need to refer to my safety response plan:

When I am feeling stressed or upset, I tend to exhibit or experience the following signs:

Physical indicators (such as headaches, shortness of breath, digestive issues, insomnia):

Behavioral indicators (such as pacing, self-harm, skipping work or school, checking things over and over, self-medicating with substances, changes in eating habits):

Relational indicators (such as working longer hours, avoiding people, difficulty communicating, arguing):

Emotional indicators (such as irritability, talking rapidly, crying, wanting to be alone, difficulty concentrating, feelings of panic):

Understanding why I feel this way:

Please understand that these warning signs tend to be set off by these stressors (social situations, responsibilities, being reminded of a life experience or stressful situation, concern about something happening):

When there are warning signs, here are ways I would like to:

Care for my basic needs (take a nap, eat favorite foods, stay hydrated, take prescribed medications, etc.)

Seek Comfort (such as ways to relax, things I want to surround myself with that bring me happiness, receiving physical touch such as a hug or holding a pet):

Seek Change (such as a change of surroundings, change of sensations like take a shower or go for a run, phrases or grounding thoughts that help change my perspective):

Ready to Confront (Problem-solve specific concerns, finding reasonable expectations, tasks, and next steps):

Here are some other things that I like for people to say, do, or suggest that help me to gently refocus on positive things that are important to me (such as remind me of a favorite verse or quote, song, affirm values, etc.):

If I need a friend to talk to, I will call/visit with:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Lethal Means:

If needed, I will help keep myself safe by temporarily reducing access to/securing the following items to these specifications:

Firearms:

Medications/Substances:

Household items:

Sharp or other dangerous objects:

People/places that can help keep these items safe / securely stored:

Name: _____ Phone: _____ Email: _____

Firearms (or barrel, firing pin, etc.) off-site storage location address: _____

Additional contacts:

Medical Doctor: _____ Phone: _____ Email: _____

Therapist/Counselor: _____ Phone: _____ Email: _____

Pastor/Priest: _____ Phone: _____ Email: _____

Phone: _____ Email: _____



National Suicide Prevention Lifeline (Call any time day or night!): 988

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