

Coping skills I can use: (include means restriction, relaxation/distraction skills, hobbies, pets, enjoyable activities, etc.)

Support people I can call: (obtain releases at time of crisis planning)

Name	Relationship	Phone Number	Release on file?

Professionals I can call:

Caseholder _____

Phone Number _____

Caseholder _____

Phone Number _____

Nurse (if applicable) _____

Phone Number _____

CMH Crisis Mobilization Intervention Team (CMIT)

Phone Number _____

Crisis Intervention Services Available 24/7

I declined to complete a crisis plan.

Consumer Signature

Date

Witness Signature

Date