

## A Journey to You...LLC

	Crisis Pla	n
Please indicate the count	y where you currently reside:	<del></del>
	mmediate intervention of multiple p	dangering him/herself or others, the situation has rofessional and family members, and the situation has,
myself or others. I unde	rstand that I am personally responsil	my safety and any issues related to possible harm to ble for my safety. My crisis plan includes the following ption, we will need <b>2 full names and phone numbers</b> ):
		m 8:30AM to 5:00PM Monday-Friday. While we make cannot guarantee a returned call after hours. If you do
	I will call Centre Helps at (800) 494	I-2500
	I will contact one of the following friends or family members. (please numbers below.)	
Name		Phone Number
Name		Phone Number
You may download a cop time for a copy.	y of this document at the time of sig	ning for your own records or contact the office at any
	y signing this Crisis Plan, I understand amed above if I have thoughts of hur	If the meaning of this crisis plan, including the need to ting myself or others.
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