

# Safety Plan

<b>Participant:</b>		<b>Effective Date:</b>	
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
<b>Description of Safety Concerns:</b>			

### 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

### Supportive Devices

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

### Other Interventions

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