

CRISIS AND HARM REDUCTION AGREEMENT

1. Past events/situations/activities that have triggered relapses:

2. Past warning signs or symptoms I experienced while relapsing:

3. Coping skills that will help me when experiencing warning sign or symptoms:

4. Friends/Family I can call and what they can do to help me:

5. Who can I contact in case of an emergency (*include names and telephone numbers*):

6. Call 911 if steps 1-5 do not help me de-escalate and I feel like I cannot maintain my safety. At any time I can text MN to 741741 as an additional resource for me.

I agree to the following plan and to follow all steps outlined

(Client's signature)

(Date, MM/DD/YYYY)

(Signature of Parents, legal guardian or authorized representative)

(Date, MM/DD/YYYY)