Private & Confidential

My Crisis Plan

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| **Name:**  **Address:**  **Phone #:**  **Birthdate:**  **Gender:** Female Male Transgendered  **Emergency Contact:**  **Health Needs:**  **Directions to Home:**  **Service Providers: -**  Sunlight Care 3-9 Balaam Street London E13 8EB  Phone Number 02038808855  **Pets:**  **Children:**  **Cultural Heritage/Spirituality** |

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| Describe what crisis looks and feels like to you?  What is different in times of crisis than in other times of your life?  (Like “bad days” for instance) | |
| Crisis: | Other times in my life: |
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| When you've been in a crisis situation what kinds of support did you seek? What (people, places, services) things were the most helpful? Why? | |
| Support | What was helpful? |
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| What are the most difficult feelings for you to experience? Please check the Most difficult feelings or add any you don’t see listed here: | | | | Think about what happens when these feelings get overwhelming. Consider the following: What does it feel like inside your body? What do you need when this happens? What can you do for yourself? What has been helpful before? |
| Happy |  | Boredom |  |  |
| Joy |  | Loneliness |  |
| Sad |  | Emptiness |  |
| Grief |  |  |  |
| Afraid |  |  |  |
| Angry |  |  |  |
| Rage |  |  |  |
| Anxiety |  |  |  |
| Overwhelmed |  |  |  |

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| How do you decide to reach out for support? How do you identify when you need to do something different? Write about that. |
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| Think about the people around you when you experience crisis. Are there behaviours or actions you take that might frighten other people? Please Describe. |
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| How do you feel about these behaviours? What would you like the people around you to understand about this? How would you like them to react? What do you need to hear? Also identify what can make it worse, what you don’t want people to do. What do you need to do personally? Write about that. |
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| Can you identify things that you’re not likely to talk about when you’re in crisis, or “code words” you may use? |
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| Are there people in your life who are important to you? (Children, Partner, Friends, Relatives, Clergy, Staff) Think about who they are, and who you may want to be in touch with if you’re experiencing crisis, or end up getting support other than in your home. List their information here. | | |
| Name | Relationship | Phone # |
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| Are there people from this list who you would want consulted if there was any question of “next steps” when you are in crisis. Name those people. Make sure their contact information is included in the list above. |
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| Is there anything else you would like people to know or consider when you’re “in crisis”? Is there anything else you need to remind yourself about when you’re “in crisis”? |
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| What to do if I do not answer my door |
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| What to do if I, I tell you to go away. |
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I agree that the information given in this plan are my current wishes, I understand this can be reviewed and changed at any time.

Customer Name: Signed Date

Witness by Signed Date