



District of Kansas Safety Plan

Name: _____ PACTS#: _____

USPO: _____ Therapist: _____

Event/Activity: _____

Date of Event/Activity: _____

Start and End times of Event/Activity: _____ Is this an ongoing Event/Activity? Y N

Location of event (exact address if possible): _____

Supervising agent's name and contact information:

Briefly detail who will be attending the event/activity with you or who you will be having contact with at this event/activity. Be sure to note all minors present, including their ages and their relationship to you.

What interventions will you use should you find yourself in a high risk situation, if you begin to feel uncomfortable with what is going on at the event/activity, or if the event/activity does not take place as detailed above.

Client Signature

Date

Therapist Signature

Recommend Approval: Y or N

USPO Signature