

**Commitment to Using My Safety Plan**

I, \_\_\_\_\_, agree to make a commitment to use my safety plan. I understand that this means:

1) **IF** I have thoughts about wanting to die but I do NOT plan to hurt myself, **THEN** I will think about my reasons for living, which are:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

**And/OR** do the following activities to help myself feel better (e.g., listen to music, draw, read, take a nap, get out hope box, call a friend):

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

2) **IF** I have thoughts about wanting to die, and I feel like I am going to harm myself, **THEN**:

a) I will immediately speak to an adult who can help (name 3 adults below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) I will call my therapist: \_\_\_\_\_ at ( ) \_\_\_\_\_

c) I will go to the nearest emergency room or call 911

3) **IF** I cannot reach an adult and feel like I am going to harmself, **THEN** I will call:

a) 911

b) Gulf Coast Center Crisis Hotline 1-866-729-3848

c) The National Suicide Prevention Hotline  
(available 24 hours a day) at 1-800-273-8255

In short, ***I agree to make a commitment to use my safety plan.***

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_