

# Juvenile Intake and Assessment SAFETY PLAN

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

The purpose of this safety plan is to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FACTORS TO CONSIDER

*When creating a safety plan at a minimum the following should be considered: the age of the youth; safety of the youth; safety of any other children in the home; severity of the situation, medical and emotional needs of the youth; family supports; youth and parent/guardian's current condition and behavior; availability of a responsible adult; family's willingness to participate in the plan; access to youth from any alleged perpetrator; any other circumstances pertaining to the safety of the youth.*

Begin Date: \_\_\_/\_\_\_/\_\_\_

End Date: \_\_\_/\_\_\_/\_\_\_

*Be specific - who, what, when, etc.*

**GOAL:** \_\_\_\_\_  
\_\_\_\_\_

**ACTION NEEDED TO MEET GOAL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOAL:** \_\_\_\_\_  
\_\_\_\_\_

**ACTION NEEDED TO MEET GOAL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOAL:** \_\_\_\_\_  
\_\_\_\_\_

**ACTION NEEDED TO MEET GOAL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACTS AND NUMBERS:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*In the event of an emergency needing law enforcement or medical attention always call 911*

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Custodian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Juvenile Intake Staff Signature

\_\_\_\_\_  
Date

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