

PERSONAL SAFETY PLAN		NAME:	DATE:
<p>Having a personal safety plan is important for a variety of reasons. Family violence and domestic violence situations can pose risks for every member of the family. Leaving an abuser can be dangerous. This template was created for you to collect the information you need on one sheet of paper. Some practical advice is offered here. 1. Talk to a professional, call a domestic violence hotline for advice. Take precautions, make the call at a safe time (when the abuser isn't around), or from a friend's house or other safe location. 2. Have an emergency bag ready, it should include items such as extra clothes, keys, and copies of important personal papers. Leave the bag in a safe place. 3. Save money over time and keep it in a safe location. 4. Keep prescription medications handy. 5. When you leave, know exactly where you'll go and how you'll get there. 6. Protect your communication (be careful with social media posts) and location (keep this private – you are most at risk after leaving).</p>			
<b>MY LIST OF SAFE CONTACTS</b>		<b>MY PERSONAL CHECK LIST</b>	
NAME	TELEPHONE NUMBER, EMAIL, ADDRESS		<input type="checkbox"/> I have talked to a professional and sought professional advice. <input type="checkbox"/> My safe contacts are aware of what my situation is. I have talked to them and they support me. <input type="checkbox"/> At least one of my safe contacts has a copy of my personal safety plan and a copy of my personal documents. <input type="checkbox"/> My list of safe contacts can be trusted. They will not tell others or gossip. <input type="checkbox"/> I have made my list of emergency numbers and know what they can do to assist me. <input type="checkbox"/> I have made copies of important documents and have them in a safe location <input type="checkbox"/> My documents include copies of birth certificates, health cards, and status cards for myself and children <input type="checkbox"/> Other documents I have copied include social insurance numbers, driver's license, marriage license, care ownership and insurance, lease or mortgage documents, passports, school records, welfare documents, divorce or court order documents. <input type="checkbox"/> Still more documents that I have copied include credit cards, ATM cards, bank account records, life insurance papers, my personal will and testimony <input type="checkbox"/> I have also added other documents that are important to me but not listed above. <input type="checkbox"/> I have saved money over time by stashing small amounts away <input type="checkbox"/> I have made an Emergency Bag and it includes extra clothes, keys, and copies of my important documents. <input type="checkbox"/> I have talked with my children about the situation and they know how to respond in an emergency. <input type="checkbox"/> I have made a plan of where to go when I leave. <input type="checkbox"/> I have made a plan of what to do in case of emergencies.
1.			
2.			
3.			
4.			
<b>MY LIST OF EMERGENCY NUMBERS</b> (Police, Shelters, Doctor, Lawyer, Local Service Providers, Helplines, etcetera)			
NAME	TELEPHONE NUMBER, EMAIL, ADDRESS		<input type="checkbox"/> Still more documents that I have copied include credit cards, ATM cards, bank account records, life insurance papers, my personal will and testimony <input type="checkbox"/> I have also added other documents that are important to me but not listed above. <input type="checkbox"/> I have saved money over time by stashing small amounts away <input type="checkbox"/> I have made an Emergency Bag and it includes extra clothes, keys, and copies of my important documents. <input type="checkbox"/> I have talked with my children about the situation and they know how to respond in an emergency. <input type="checkbox"/> I have made a plan of where to go when I leave. <input type="checkbox"/> I have made a plan of what to do in case of emergencies.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
<b>WHERE TO GO</b> (Have several options, list address, phone number, contact person and how to get there)			
<b>Option 1 SHELTER</b>			
<b>Option 2 FRIEND</b>			
<b>Option 3 RELATIVE</b>			
<b>Option 4 OTHER</b>			
<b>OTHER THINGS I NEED TO PLAN FOR</b>			
1.			
2.			
3.			
4.			
<b>USE THE BACK OF THIS SHEET IF YOU NEED MORE SPACE. MAKE COPIES OF THIS SAFETY PLAN AND STORE IN A SAFE PLACE.</b>			