|  |  |
| --- | --- |
| CHFS Final-new colors (002) | **Kentucky Department for Community Based Services**  |
| **Safety Plan** |
| **Adult Name:** |       |  | **Social Service Worker:** |       |
|  |
| **For each safety concern and/or identified threat, describe the immediate safety intervention to be implemented to address the issue:** |
|  |
| **Safety concern/identified threat (list all which apply):**       |
| **Intervention to keep Adult safe (list all which apply):**       |
| **Observation and documentation of outcomes(who will observe and document outcomes):**       |
| **This plan is only valid for fourteen (14) days from the signing date. It will expire on:** |  | **. The plan**  |
| **may be extended voluntarily with the agreement of all parties.**  |

**This voluntary agreement may be revoked at any time. If a change occurs, immediately contact your social service worker at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**In case of an emergency, please call 911.**

**The undersigned understand this document is not a court order. It is a voluntary agreement between the signed parties. All parties listed above on the intervention must sign below. Identify your relationship with the adult on the signature line.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Adult:** |  |  | **Date:** |  |
| **Guardian:** |  |  | **Date:** |  |
| **Other:** |  |  | **Date:** |  |
| **Other:** |  |  | **Date:** |  |
| **Other:** |  |  | **Date:** |  |
| **Other:** |  |  | **Date:** |  |
| **SSW:** |  |  | **Date:** |  |