

Suicide Prevention Action Plan

I, _____, agree to abide by the plan below. I recognize that suicide is a permanent solution to a temporary problem, and if I find myself thinking about suicide in the future, I will speak to my therapist immediately or call one of the numbers below:

Therapist: _____ Telephone: _____

Emergency Services: 911
U.S. National Suicide Hotline: 1-800-784-2433
Hopeline: 1- 877-235-4525

Action Plan Support Network (People to call if I'm feeling suicidal)

Name _____ Telephone: _____
Name _____ Telephone: _____
Name _____ Telephone: _____

Positive Affirmations (Reasons to Live)

Plan to Remove Lethal Means

I, the undersigned, agree to abide by the terms of this contract. Furthermore, I agree to call my therapist, a member of my support group, or the emergency numbers listed above should I have any suicidal thoughts in the future.

Name _____ Date: _____

Witness: _____