



The Utah Family Coalition

Wraparound Safety and Crisis Planning

Child's Name:	Date of Birth:
Family Address:	Phone #
Referring agency and contact person:	
Facilitator Name and Number:	

Crisis Team Members	Relationship	Phone #

Behaviors showing the crisis or safety threat is about to happen:

1. _____
2. _____
3. _____

Steps to be taken based on which of the above is appearing:

When the first (#1 above) level of behaviors appear, we will do:

- a. _____
- b. _____
- c. _____

When the second (#2 above) level of behaviors appear, we will do:

- a. _____
- b. _____
- c. _____

When the third (#3 above) level of behaviors appear, we will do:

- a. _____
- b. _____
- c. _____

When immediate crisis has passed, family will do these things to feel connected and safe:

- a. _____
- b. _____
- c. _____

(Examples: Go for walk, family night, spend night at an informal supports house etc.)