

Safety and Self-Care Contract

I, _____, commit to work toward my own health and safety and the health and safety of others. If I feel as though I might harm myself or someone else, I agree to follow the action steps listed below and ask for help.

I will call one or more of the following people to discuss my feelings:

I will do one or more of the following things to help me manage difficult feelings:

I will seek additional support in one or more of the following ways:

Today I met with

(Pastor) _____

(signature)

(printed name)

(date)

My signature below indicates that I am refusing emergency assistance and I am well enough to leave the church of my own accord.

(signature)

(printed name)

(date)

Emergency 911

National Suicide Prevention Helpline 1-800-273-8255

Centre County Can Help 1-800-643-5432 (CAN HELP)

Centre Helps; call 814-235-1890 or 237-5855 or 1-800-494-2500 for 24/7 crisis support and short-term counseling with trained staff.

Centre Volunteers in Medicine

2520 Green Tech Drive, Suite D

State College, PA 16801

814-231-4043 M-F 8:30am – 4:30pm

www.cvim.net

The Meadows Psychiatric Center

132 The Meadows Drive

Centre Hall, PA 16828

814-364-2161 or 1-800-641-7529

www.themeadows.net

Mount Nittany Medical Center

1800 East Park Avenue

State College, PA 16803

814-231-7000

www.mountnittany.org