

Safety Planning - Overnight

Overnight Safety

Names: _____

Phone: _____

Emergency Contact: Name: _____

Address: _____

Phone Number: _____

While out of town we will be staying at:

Name: _____

Address: _____

Phone Number: _____

Children's location if different from mine:

Name: _____

Address: _____

Phone Number: _____

Date and Time of Departure: _____

Date and Time of Return: _____

Safety Planning - Overnight

Safety Concerns: _____

Safety Plan in Place: _____

Additional Comments: _____

Signature: _____

Family Support Worker: _____
(or designate)

Date: _____

Please contact Musasa House Staff or Phoenix Safe House Staff if any of the above plans change while you are away from the Shelter.