MY PLAN OF SAFE CARE

Developed with the support of my:
(Check all that apply)

- ☐ **HOME VISITOR**
- ☐ **PEER NAVIGATOR**
- ☐ **PRENATAL CARE PROVIDER**
- ☐ **CHILD WELFARE CASE MANAGER**
- ☐ **SUBSTANCE USE TREATMENT PROVIDER**
- ☐ **OTHER:**

My Plan of Safe Care

This plan belongs to: _____

Pregnancy and parenthood are special times when you make plans to care for yourself and your baby.

A Plan of Safe Care can be especially helpful during this time. Your service providers can support you in creating your plan.

This plan is designed to help you:

- Make decisions on how you will take care of yourself, your baby, and your family.
- Think about the people who can help.
- Consider the information and resources you can gather to create a strong safety net of support for your family.

Personal and Family Strengths: *In the text box, list you and your family's strengths.*

Goals: For each of the categories below, write down things you are doing well and where you can grow. Take time to reflect on these and decide if a goal for each category will be a good place to begin your plan.

	WHAT I'M DOING WELL	OPPORTUNITIES FOR GROWTH	MY GOALS
Family & Friends			
Parenting			
Work/School			
Body			
Mental Health			
Recovery Journey			
Other:			

My Plan of Safe Care Continued

This plan belongs to: _____

To care for myself and my family, and to achieve my goals, I would like help with:

Basic Needs:

- ☐ Housing and/or Utility Assistance
- ☐ Care Coordination
- ☐ Food
- ☐ Postpartum Supplies (e.g., hygiene kits, breast pumps, etc.)
- ☐ Transportation
- ☐ Other:

Behavioral Health:

- ☐ Case Management
- ☐ Mental Health Counseling
- ☐ Other:
- ☐ Substance Use Counseling
- ☐ Recovery Supports (e.g.,12-step group, Narcotics Anonymous (NA), Alcoholics Anonymous (AA), etc.)
- ☐ Peer Support
- ☐ Medication Assisted Treatment

Physical Health

- ☐ Primary Medical
- ☐ Dental Care
- ☐ Prenatal Care Provider
- ☐ Other:
- ☐ Pediatrician

Education Support

- ☐ Employment
- ☐ Other:
- ☐ Education
- ☐ Legal Assistance

Parenting & Family Support:

- ☐ Birth Plan
- ☐ Lactation Support
- ☐ Caring for my Baby
- ☐ Eat, Sleep, Console
- ☐ Doula
- ☐ Safe Sleep Education
- ☐ Evidence-Based Home Visiting
- ☐ *Early On®*
- ☐ Items for My Baby (e.g., car seat, crib, diapers, etc.)
- ☐ Social Connections (e.g., parenting groups, religious support, cultural groups, etc.)
- ☐ Infant Development
- ☐ Childcare
- ☐ Bonding/Attachment
- ☐ Parenting Classes
- ☐ Other:

Safety:

- ☐ Domestic Violence or Feeling Unsafe at Home
- ☐ Safe Storage Options for Substances, Medications, Weapons, etc.
- ☐ Home Environment (e.g., non-working smoke alarms, exposed wires, lead paint, etc.)
- ☐ Legal Assistance
- ☐ Other:

My Plan of Safe Care Continued

This plan belongs to: _____

As their partner or additional caregiver, I would like help with:

Basic Needs:

- ☐ Housing and/or Utility Assistance
- ☐ Care Coordination
- ☐ Food
- ☐ Postpartum Supplies (e.g., hygiene kits, breast pumps, etc.)
- ☐ Transportation
- ☐ Other:

Behavioral Health:

- ☐ Case Management
- ☐ Mental Health Counseling
- ☐ Other:
- ☐ Substance Use Counseling
- ☐ Recovery Supports (e.g.,12-step group, Narcotics Anonymous (NA), Alcoholics Anonymous (AA), etc.)
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My Plan of Safe Care Continued

This plan belongs to:

My Providers

PROVIDER	NAME	CONTACT INFORMATION
Primary Care Provider		
Prenatal Care Provider		
Pediatrician		
Substance Use Treatment Provider		
Home Visitor		
Child Welfare Case Manager		
Mental Health Provider/Counselor		
Other:		

My Support System: Please list anyone in your life who can support you. This could include your partner, friends, family members, health care providers, spiritual advisors, emergency childcare contact, home visitor, groups you are a part of such as AA or NA, etc.

NAME	RELATIONSHIP/ROLE	CONTACT INFORMATION

Be Kind to Yourself

You have many positive qualities and deserve to be your best self. Remember there may be tough times as you work toward making a thriving life for you, your family, and your baby. We are all in the process of learning different life skills to be happier and healthier. Judgment and unkindness —even when it's from ourselves— only stands in the way. As your journey continues, so will your confidence in yourself to care for you and your family.

MY FAMILY WELLNESS PLAN

If you choose to commit to recovery and reduce your use of substances, there may be bumps in the road. It is important to think through coping strategies ahead of time so that when you may be feeling triggered, you are ready to respond. Additionally, identifying people who can support you and your children is essential in ensuring your family's overall wellness. You can complete this wellness plan with the support of a home visitor or another trusted person.

MY WARNING SIGNS ARE:

These can be thoughts, feelings or behaviors that suggest you may be at risk of returning to use of substances.

MY EFFECTIVE COPING STRATEGIES ARE:

These are things you can do to help lift your mood, like meditation or exercise.

MY SUPPORTERS:

Person 1:	**Phone Number:**
Person 2:	**Phone Number:**
Person 3:	**Phone Number:**

HOW MY SUPPORTERS CAN HELP ME:

What I need done:	**Who I would like to do it:**

STEPS I CAN TAKE TO MAKE MY ENVIRONMENT SAFER:

-
-
-
-
-

WHO CAN HELP WITH MY CHILDREN? FOR EXAMPLE, CHILDCARE, TRANSPORTATION, FOOD, CLOTHING, ETC.

IN THE EVENT OF A CRISIS:

Call Emergency Contact #1:
Call Crisis Hotline:
Call Emergency Services:

REFERRALS

DATE	SERVICE	NAME OF ORGANIZATION AND CONTACT INFORMATION	NOTES

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