



Safety Plan for At-Risk Adult

At-risk adult name:	Worker:	County:
Registry #:	Date and time safety plan completed:	

Below is a safety plan, which is a written agreement between you and the Iowa Department of Human Services to keep you safe. The plan notes safety concerns about you and describes how to keep you safe.

Safety concerns:

Tasks to be done to provide health and safety by whom and when:

How plan is monitored:

Back-up plan:

At-Risk Adult and Participant Agreement:

A safety plan is written when it is determined an at-risk adult is at risk of health or safety. Actions taken to attempt to make the adult safe fully address all the signs of current or impending danger identified through the dependent adult assessment tools.

At-risk adult signature:

Date and time:

DHS signature:

Date and time:

Other signature:

Date and time:

Witness:

Date and time:

Name of supervisor consulted:

Date and time: