



Hope House

a Division of Resources for Human Development, Inc.
3606 Hecktown Road, Bethlehem, PA 18020
Phone (610) 882-2008 Fax (610) 882-2009

FACE TO FACE

I confirm that on _____, I have met with _____.
Date *Name of Consumer*

Is it your assessment that this consumer is a threat to others? Yes / No
(circle one)

Does the consumer report suicidal thoughts presently? Yes / No
(circle one)

If YES, is the consumer willing to contract for safety? Yes / No
(circle one)

Name/Title of Worker (print)

Date

Signature of Worker