



Hope House

A Division of Resources for Human Development, Inc
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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