

# Important Documents Book

## Forms to Complete, Section Dividers, etc (Plain & Simple Forms)

It is very wise to have copies of important documents *all in one safe place*, so you can get your life back as quickly as possible after a crisis event. These documents play a vital role for insurance companies and recovery litigation personnel and for replacing lost or stolen ID's, passports, credit/debit cards and the like. The more detailed information you have, the faster authorities can respond and get you back to your life.

These documents should be for each member of your household, including animals, pets and livestock. The forms in this document are to assist you in creating your Important Documents Book (binder). There are many such forms available out on the internet from all kinds of sites. This document is to give you some of the basic forms, some in several formats, that you can print off and use in your Important Documents Book. Some forms you may not need and other forms you may need many copies for. Do whatever works best for you and your household.

Make backup copies of records stored on your computer. Download records onto disks, thumb/flash drives or CD's and store in a safety deposit box. Some flash/thumb drives are made to carry with you on a key ring.

Take photographs or video of valuables and store with documents.

For original documents use the plastic sheet protectors and if they are legal sized, fold the bottom 4-5 inches so they don't stick out and get damaged in the binder.

For forms that require some kind of 'loose' paper (like receipts), a computer CD or thumb drive and or photos: Use clasp envelopes (and a 3-hole punch) to store these in your Important Documents Binder behind the appropriate form.

No matter what, originals should be stored off-site or in a water and fire proof lock box of some kind.

A copy of the documents in this Important Documents Book may be stored in a safe deposit box, with your attorney (with a letter of authorization allowing it to be opened in the event you become incapacitated or deceased), or with a trusted out of the area relative or friend.

This book should also contain a copy of your household's Crisis Preparedness Plan, as well as the other items listed throughout this document.

### Your plan should include:

- Moderated Crisis List
- Either the Per Crisis Needs Lists or the Master Needs List
- Needs to Acquire List
- Who, What, When, Where schedule and map (showing the likely places your household members are likely to be when a crisis hits, alternate retreats, alternate routes, secret communication symbols and locations)
- The outline formatted plan

### For details on how to build a Needs Based Plan:

How to Make a Preparedness Plan That Works & Not Go Broke <http://www.scribd.com/doc/50950827/How-to-Make-a-Preparedness-Plan-That-Works-Not-Go-Broke-Ver-6>

What Are the Odds? - Possibilities, Probabilities & the Needs Based Preparedness Plan  
<http://www.scribd.com/doc/126965157/What-Are-the-Odds>

What's A Needs Based Plan? - Deciding on what is needed to survive

<http://www.scribd.com/doc/132546291/What%E2%80%99s-A-Needs-Based-Plan>

Building a Needs Based Preparedness Plan – Mobility Issues <http://www.scribd.com/doc/133240676/Building-a-Needs->

[Based-Preparedness-Plan-%E2%80%93-Mobility-Issues](#)

Building a Needs Based Preparedness Plan – The Final Data Collection <http://www.scribd.com/doc/134500818/Building-a-Needs-Based-Preparedness-Plan-%E2%80%93-The-Final-Data-Collection>

Building A Needs Based Preparedness Plan – Putting it All Together <http://www.scribd.com/doc/136067627/Building-A-Needs-Based-Preparedness-Plan-%E2%80%93-Putting-it-All-Together>

**YOU WILL NEED:**

- 2-3" binder
- Plastic Sheet Protectors
- Dividers for each section
- Clasp envelopes (letter sized)
- Hole punch
- Copies of Documents

Where you store the *original* documents and or the detailed Important Documents Book, is up to you. Just remember that if the crisis is severe enough, getting to a bank, yet alone gaining access to a safety deposit box may be next to impossible. So it is best to consider a place *other than your own home*. It should be accessible enough to be able to update the ‘master’ book at least twice a year and to get to it in a SHTF environment.

I must admit here that I break the above rule of thumb: I have my originals in a water & fire proof lock box cached on my property and that is the one I update once a year. I have also sent copies of the book to out of state family.

**Below is a table of the documents that should be covered by your Important Documents Book.**

Do You Have...?		Where is original located ...? Copies ...?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Academic/Education Class Schedule (copy)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Academic/Education Graduation certificates, diplomas	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Academic/Education Map of school	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Academic/Education School Calendar	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Academic/Education Transcripts (copies)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Academic/Education, vendor specific or job related certificates	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Animals/Pets / Livestock Identification, Medical & vaccination records	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Animals/Pets / Livestock Pet Photos	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Back up disks from computers (optional)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contact list Emergency	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contacts (family & friends, local and out of area)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contacts list - accountant, lawyer, out of town relatives , etc.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Evacuation Plan for your family- how to exit home, where to meet outside, who to contact, what if aren't together ~ what should you do etc.	

Do You Have...?		Where is original located ...? Copies ...?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency utility shut off valve location around home, diagram and how-to	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment – current job info & resume	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family photos	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family tree/history	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Finance, Bank account documentation	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Finance, Banking and money accounts (3 years)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Finance, Credit / debit cards account information	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Finance, Credit Card info-who, phone numbers, copy of cards	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Finance, Mortgage / Note papers	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Finance, Retirement accounts	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Finance, Stocks, bonds, certificates, and other financial instruments	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Finance, Tax returns (minimum 3 years, 7 years ideal)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial info ALL.... Banks, checking info, saving info, investments, loans, debts, stocks, bonds.... who, where, what , how much	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Financial obligations (mortgages, loans and other payments)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health insurance cards/info	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Health, Dental insurance/info	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Finance, Disability entitlements	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification, Birth certificates	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification, Driver's license/ID	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification, Naturalization documents	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification, Passports	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification, Social Security cards	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance info, home and contact person	
<input type="checkbox"/> Yes <input type="checkbox"/> No	insurance policy, any others, contact person	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance policy, life, contact person	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Inventory Appraisals of Artwork, Jewelry, Antiques, Collectibles (photos are great)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Inventory Home (a video would be awesome or photos)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Inventory, Property items (photographs and videotapes)	

Do You Have...?		Where is original located ...? Copies ...?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal, Adoption papers	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal, Contracts	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal, Deeds / Titles to properties, vehicles and equipment	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal, Marriage license; Divorce decree	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal, Power of Attorney, Durable	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal, Power of Attorney, Medical	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal, SHTF Legal Documents: Last Will and Testament, Living Will, Power of Attorney	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal, Trust(s)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal, Will, Living	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Legal, Will (updated!)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical records (conditions, medications, immunizations and allergies; especially prescription medications and eyeglasses)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical: Insurance info, disabilities, allergies, doctors etc	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance, Medicare / Medicaid Documents	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Military Service Info (DD214)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortality, Death Certificates	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortality, Funeral: burial plans, cemetery info, funeral service plans	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortality, SHTF Disposition	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Negatives for important pictures	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Organ Donor Card	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe deposit box (contents)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe and or Lock Box (water & fire proof)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security entitlements	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Spiritual, Baptismal certificates, etc.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Spiritual, Priesthood advancement certificate	
<input type="checkbox"/> Yes <input type="checkbox"/> No	VA Benefits/Documents	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Auto insurance info and contact person	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Auto registration/ownership papers	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Copy of Title/or leases	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Loan documents (copy)	

Do You Have...?		Where is original located ...? Copies ...?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Policy, Insurance card on each car (copy)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Recreational /Boat Insurance card	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Recreational Titles/loans	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Recreational Warranty, Record of Repairs	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicle Registration/Titles	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Records Retention & Storage

Period of time to retain	Item or description
Discard upon expiration or disposal of asset	loan agreements notes due you or owed bank account passbooks lease agreements auto registration
Short term (1 - 3 years)	household bills expired insurance policies
Medium term (4 - 7 years)	tax returns and supporting data bank statements and account information canceled checks / check registers (except for major purchases) cash receipts journals paid loan documents
Long term (permanently)	marriage license adoption papers divorce documents checks and receipts for major purchases brokerage statements home purchase documents home improvements receipts business (self-employment) records income property documents wills and trusts gift tax returns inheritance documents

Federal, state, and local jurisdiction tax laws change often! This information is for reference only. Seek the advice of a qualified tax professional in your local area for current requirements.

The following forms are kinda grouped and there are several 'section dividers' included. Put these 'section dividers' into plastic sheet protectors, which will make them slightly larger than normal letter format paper. You can then place a label on the edge to make it stick out even more.

The following pages contain forms to record the information that pertains to the above important documents list. In some cases these forms are fine 'as is' when completed and in others a copy of the document or the original document should be included with the form. A few of the forms types are repeated in different formats; you choose which you prefer.

There are also Mortality/last rites & disposition forms, as well as some SHTF legal documents (will, power of attorney, living will, etc) that are useful when the crisis at hand may not leave your survivors with the normal options and protocols.

**Confidential**  
**Important Documents**







## Who, What, When & Where Schedule

For:					Month/Year:	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Confidential**  
**Important Documents**

# Family Preparedness Plan

<b>Preparedness Plan for the</b>		<b>Household</b>
Address		
City	State/Zip	

## Authorative and Government Preparedness Plans

Make a note of your town, county, state and federal preparedness plans. This may require some searching in the phone book, library or internet.

### Local:

Search for your local town and county Emergency, Disaster or Hazard Management departments/offices/teams and make a note of them below.

Warning sirens in the area

### City

Department	
Phone	Web
Address	
Information - Notifications	
Radio Stations	TV Stations
Email Notifications	Cell Phone Notifications
Notes:	

### County

Department	
Phone	Web
Address	
Information - Notifications	
Radio Stations	TV Stations
Email Notifications	Cell Phone Notifications
Notes:	

**State:**

Search for your states Emergency, Disaster or Hazard Management departments/offices/teams and make a note of them below. There may be more than one.

Department	
Phone	Web
Address	
Information - Notifications	
Radio Stations	TV Stations
Email Notifications	Cell Phone Notifications
Notes:	
Department	
Phone	Web
Address	
Information - Notifications	
Radio Stations	TV Stations
Email Notifications	Cell Phone Notifications
Notes:	

**National**

**Department of Homeland Security (DHS)**

- Preparedness, Response & Recovery [www.dhs.gov/topic/disaster-response-and-recovery](http://www.dhs.gov/topic/disaster-response-and-recovery)
- DHS, State Homeland Security and Emergency Services [http://www.dhs.gov/files/resources/editorial\\_0306.shtm](http://www.dhs.gov/files/resources/editorial_0306.shtm)
- National Response Plan [http://www.dhs.gov/files/programs/editorial\\_0566.shtm](http://www.dhs.gov/files/programs/editorial_0566.shtm)
- Preparedness [www.ready.gov/](http://www.ready.gov/)
- Citizen Corps <http://www.ready.gov/citizen-corps>
- Community Emergency Response Teams (CERT) <http://www.citizencorps.gov/cert/>

**DHS/Federal Emergency Management Agency (FEMA) <http://www.fema.gov/>**

- Plan, Prepare & Mitigate <http://www.fema.gov/plan-prepare-mitigate>
- Disaster Survivor Assistance <http://www.fema.gov/disaster-survivor-assistance>
- Response & Recovery <http://www.fema.gov/response-recovery>
- Preparedness [www.ready.gov](http://www.ready.gov)

News Releases <http://usasearch.fema.gov/search/docs?affiliate=fema&dc=512&m=false&query=news+ticker>  
Disaster Declarations <http://usasearch.fema.gov/search/docs?affiliate=fema&dc=246&m=false&query=news+ticker>  
Documents <http://usasearch.fema.gov/search/news?affiliate=fema&channel=565&m=false&query=news+ticker>

**United States Geological Service (USGS)**

Hazard Preparedness [http://www.usgs.gov/natural\\_hazards/](http://www.usgs.gov/natural_hazards/)

**National Fire Protection Association (NFPA)**

General Preparedness - <http://www.nfpa.org/categorylist.asp?categoryid=1781>

**Red Cross** <http://www.redcross.org/>

Disaster Relief <http://www.redcross.org/what-we-do/disaster-relief>

Prepare Your Home and Family <http://www.redcross.org/prepare/location/home-family>

Prepare Your School <http://www.redcross.org/prepare/location/school>

Prepare Your Workplace <http://www.redcross.org/prepare/location/workplace>

Types of Emergency <http://www.redcross.org/prepare/disaster>

Tools and Resources, including checklists <http://www.redcross.org/prepare/disaster-safety-library>

Mobile Apps <http://www.redcross.org/prepare/mobile-apps>

**National Oceanic and Atmospheric Administration (NOAA)** <http://www.noaa.gov/>

NOAA National Weather Service (NWS) <http://www.weather.gov/>

NWS Preparedness <http://www.weather.gov/bgm/preparedness>

NWS Weather Radio All Hazards (NWR) <http://www.nws.noaa.gov/nwr/>

NWR Station Listings <http://www.nws.noaa.gov/nwr/listcov.htm>

NWR Coverage Maps <http://www.nws.noaa.gov/nwr/Maps/>

NWR Receiver Consumer Information (NWR requires a special radio receiver or scanner capable of picking up the signal)

<http://www.nws.noaa.gov/nwr/nwrrcvr.htm>

NOAA National Hurricane Center Family Disaster Plan

[http://www.nhc.noaa.gov/HAW2/english/prepare/family\\_plan.shtml](http://www.nhc.noaa.gov/HAW2/english/prepare/family_plan.shtml)

NOAA National Hurricane Center Disaster Prevention

[http://www.nhc.noaa.gov/HAW2/english/disaster\\_prevention.shtml](http://www.nhc.noaa.gov/HAW2/english/disaster_prevention.shtml)

**Centers for Disease Control and Prevention (CDC)** <http://www.cdc.gov/>

Preparedness for All Hazards <http://emergency.cdc.gov/hazards-all.asp>

Emergency Preparedness & Response Site <http://emergency.cdc.gov/>

CDC - Strategic National Stockpile (SNS) Office of Public Health Preparedness and Response (OPHPR) (medical stock piles) <http://www.bt.cdc.gov/stockpile/>

**Environmental Protection Agency (EPA)** <http://www.epa.gov/>

Emergency Management <http://www.epa.gov/oem/>

**Public Health Emergency (PHE)**

<http://www.phe.gov/preparedness/Pages/default.aspx>

**Department of Energy (DOE)** <http://energy.gov/>

Energy Efficiency & Renewable Energy (EERE) <http://www.eere.energy.gov/>

Federal Energy Management Program (FEMP) <http://www1.eere.energy.gov/femp/>

Federal Energy Management Program (EERE) <http://www1.eere.energy.gov/femp/>

Transportation Emergency Preparedness Program (TEPP) <http://energy.gov/em/downloads/transportation-emergency-preparedness-program>

Transportation Emergency Preparedness Program (TEPP) - Making A Difference

<http://energy.gov/em/downloads/transportation-emergency-preparedness-program-making-difference>

Transportation Emergency Preparedness Program <http://www.em.doe.gov/PDFs/transPDFs/TEPPfactsheet02-20-02.pdf>

**Department of Transportation (DOT)** <http://www.dot.gov/>

DOT Federal Transit Administration (FTA) Civil Rights and Emergency Preparedness

<http://www.fta.dot.gov/civilrights/12324.html>

Pipeline and Hazardous Materials Safety Administration (PHMSA) - Preparedness & Response

<http://www.phmsa.dot.gov/prepare-respond>

Maritime Administration (MARAD) - Maritime Emergency Preparedness and Response

[http://www.marad.dot.gov/ports\\_landing\\_page/port\\_emergency/maritime\\_emergency\\_parednessandresponse.htm](http://www.marad.dot.gov/ports_landing_page/port_emergency/maritime_emergency_parednessandresponse.htm)

Emergency Preparedness Guide for Transit Employees <http://transit-safety.volpe.dot.gov/EPG/default.htm>

**National Highway Traffic Safety Administration (NHTSA)** <http://www.nhtsa.gov/>

NHTSA Emergency Medical Services (EMS) <http://www.ems.gov/>

NHTSA EMS Preparedness <http://www.ems.gov/preparedness.htm>

NHTSA EMS Guidelines for Pandemic Influenza

<http://www.nhtsa.gov/people/injury/ems/PandemicInfluenzaGuidelines/Task61136Web/PDFs/AppM.pdf>

**Occupational Safety & Health Administration (OSHA)** <http://www.osha.gov/>

OSHA Safety and Health Topics: Emergency Preparedness and Response

[http://www.osha.gov/SLTC/emergencypreparedness/osha\\_support.html](http://www.osha.gov/SLTC/emergencypreparedness/osha_support.html)

OSHA National Emergency Management Plan - Occupational Safety Emergency Preparedness

[http://www.osha.gov/OshDoc/Directive\\_pdf/HSO\\_01-00-001.pdf](http://www.osha.gov/OshDoc/Directive_pdf/HSO_01-00-001.pdf)

OSHA How to Plan for Workplace Emergencies and Evacuations <http://www.osha.gov/Publications/osha3088.pdf>

National Consortium on Disaster Preparedness and Emergency planning for people with disabilities

<http://www.dhss.mo.gov/SeniorsAndDisabilitiesToolkit/Brochures/NatlConsortium.pdf>

National Emergency Management Summit: Home <http://www.emergencymanagementsummit.com/>

National Emergency Management Association (NEMA) <http://www.nemaweb.org/home.aspx>

**National Network of Libraries of Medicine (NN/LM)** <http://nnlm.gov/>

NN/LM Emergency Preparedness & Response Toolkit <http://nnlm.gov/ep/>

Emergency Preparedness and Disaster Recovery <http://nnlm.gov/scr/services/prepare.html>

Emergency Preparedness and Response in the Pacific Northwest Region

[http://nnlm.gov/pnr/services/emergency\\_preparedness.html](http://nnlm.gov/pnr/services/emergency_preparedness.html)

Emergency Preparedness Resources <http://guides.nnlm.gov/content.php?pid=193602&sid=1623035>

## **State by State Lists**

FEMA: List of State Offices and Agencies of Emergency Management <http://www.fema.gov/about/contact/statedr.shtm>

Emergency Management - USA State Emergency Management Organizations <http://emergencymanagement.org/states/>

Ready.Gov List of Community & State organizations/offices and Agencies

<http://www.ready.gov/america/local/index.html>

Service & Care Providers Emergency Managers Emergency & Disaster Preparedness Project for the Elderly & Disabled

Persons State by State list <http://www.disabilitypreparedness.gov/emrscp/statelev.htm>

USA State by State Emergency Management Organizations (non-government list)

<http://emergencymanagement.org/states/>

Disaster Relief Agencies and Nongovernment Organizations <http://www.disastercenter.com/agency.htm>

## **Occupation Specific**

National Disaster Medical System (NDMS) <http://www.hhs.gov/aspr/opeo/ndms/index.html>

ACR-UNM Disaster Preparedness Primer for Radiology Professionals 2006

<http://www.acr.org/SecondaryMainMenuCategories/BusinessPracticeIssues/DisasterPreparedness/ACRDisasterPreparednessPrimer/ACRDisasterPreparednessPrimer2006Doc1.aspx>

EMSC Publications and Resources - Pediatric Disaster Preparedness

<http://www.childrensnational.org/EMSC/PubRes/PDPreparedness.aspx>

Emergency Preparedness Packet for Home Health Agencies [http://www.nahc.org/regulatory/EP\\_Binder.pdf](http://www.nahc.org/regulatory/EP_Binder.pdf)

## **Disaster Preparation Resources**

Special Populations: Emergency and Disaster Preparedness

<http://sis.nlm.nih.gov/outreach/specialpopulationsanddisasters.html>

Disaster Mitigation Planning Assistance search for resources by state, see sample plans, and more.

<http://matrix.msu.edu/~disaster/index.php>

Disaster Planning, Emergency Preparedness, and Business Continuity, links to a Word document from the Nonprofit Coordinating Committee of New York. [http://www.npccny.org/info/disaster\\_plan.htm](http://www.npccny.org/info/disaster_plan.htm)

Disaster Information Management Research Center (DIMRC) <http://disasterinfo.nlm.nih.gov/>

Disaster Response: A Selected Annotated Bibliography, and much more from the American Library Association. A resource for libraries of all sizes and types.

<http://www.ala.org/ala/aboutala/offices/library/libraryfactsheet/alalibraryfactsheet10.cfm>

Selected National Library of Medicine Resources for Disaster Preparedness and Response, and Recovery Resources, links and information about many different NLM resources. <http://disasterinfo.nlm.nih.gov/dimrc/disasterinfoflyer.pdf>

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Important Documents

**Family Members**

Name of Family Member	Date of Birth	Place of Birth & Where Recorded	Social Security #

**Individual Family Member Records**

Record or Document	Location of Records					
	Father	Mother	Child	Child	Child	Child
Birth Certificate						
Adoption Records						
Marriage License						
Citizenship Records						
Social Security Card						
Passport & Visas						
Driver's License						
Military Records						
Retirement Accounts						
Settlements						
Academics / Education						
Awards / Prizes						
Health Records						
Immunization Record						
Disability Awards						
Medications						
Eyeglasses						

Record or Document	Location of Records					
	Father	Mother	Child	Child	Child	Child
Hearing Aid						
Church Records						
Will						
Power of Attorney						
Living Will						
Other						

### Location of Family Documents

Record or Document	Location / Details
Abstract of title for home or properties	_____ _____ _____
Automobile / title / bill of sale	_____ _____
Automobile registration	_____ _____
Other vehicle titles & registrations	_____ _____
Birth certificates & adoption records	_____ _____
Canceled checks / bank statements	_____ _____
Church records: baptism confirmation membership	_____ _____ _____ _____
Cemetery plot / deed	_____ _____
Citizenship papers	_____ _____
Contracts	_____ _____ _____



Record or Document	Location / Details
Death certificates	
Guarantees / warranties	
Health records	
Income property records	
Insurance policies life pension plan disability health other insurance	
Keys / properties	
Keys / safe deposit box	
Keys / storage facility & other places	
Marriage / divorce records	
Military service records	
Mortgage documents	
Passports & visas	
Pedigrees for livestock & pets	
Property / deeds	

Confidential  
Important Documents

Record or Document	Location / Details
Receipts / tax records	<hr/> <hr/> <hr/> <hr/>
Savings accounts & passbooks	<hr/> <hr/>
Social security records	<hr/> <hr/>
Stocks & bonds / certificates	<hr/> <hr/> <hr/> <hr/>
Tax records: current year _____ previous year _____ previous year _____ previous year _____ previous year _____ previous year _____ previous year _____	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Trusts records & information	<hr/> <hr/> <hr/>
Unemployment benefits records	<hr/> <hr/> <hr/>
Wills	<hr/> <hr/> <hr/> <hr/> <hr/>
Other documents	<hr/> <hr/> <hr/> <hr/> <hr/>

Confidential  
 Important Documents

# Preparedness Plan Quick Information

Proper planning will help you to stay at home during an emergency. Evacuation is a possibility. A family must know and prepare its options beforehand.

## Communication Plan

See Emergency Contacts List/card (ECC) or Emergency Information Sheet (EIS)
Other:

## Transportation Plan

<b>Public Transportation:</b>	What types may be made available for transportation/evacuation?  Has anything been pre-designated by local, county or state government?
<b>Routes, Primary &amp; Alternate:</b>	
<b>Rest/Secret Communication/Rendezvous Locations:</b>	Can we walk from where ever we are to our retreat in 3 days or less?  Is protection from the elements or people needed along the route?
<b>Designated Primary Vehicle:</b>	Vehicle: _____ Tag #: _____ Fuel Capacity: _____ gallons Estimated Range: _____ miles Primary Driver: _____ Fuel Status: _____ Date: _____ Registration: _____ Fire Extinguisher: Y/N                      First Aid Kit: Y/N Flashlight: Y/N                                  Spare Tire: Y/N Maps: : Y/N    GPS: : Y/N

	Maintenance Status:
<b>Secondary Vehicle:</b>	Vehicle: _____ Tag #: _____ Fuel Capacity: _____ gallons Estimated Range: _____ miles Primary Driver: _____ Fuel Status: _____ Date: _____ Registration: _____ Fire Extinguisher: Y/N                      First Aid Kit: Y/N Flashlight: Y/N                                      Spare Tire: Y/N Maps: : Y/N    GPS: : Y/N Maintenance Status:
<b>Other Transportation:</b>	
<b>Comments/Notes:</b>	

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## Water Storage Plan

# of People & pets	X	1 gallon of water per person per day	=	Number of gallons of water	X	Number of days water is needed	=	Total number of gallons of water needed
<b>Example:</b>								
5 people and 1 dog	X	1 gallon of water per person per day	=	6	X	10 days	=	60 gallons

### Compute your needs

# of People & pets	X	1 gallon of water per person per day	=	Number of gallons of water	X	Number of days water is needed	=	Total number of gallons of water needed
	X		=		X		=	

**Sources of Water:** (river, creek, pond, cistern, bottled, etc)


**Purification Method(s):**

<b>Boil</b>	
<b>Filter (single stage)</b>	<b>Filter (multi-stage)</b>
<b>Chemical:    Bleach    Iodine    Charcoal</b>	<b>Other</b>

**Location of Water Storage:** (Food, water and medical caches are common.)

**\*\* Pre-bottled water of 2 liters or less has an Expiration Date based on the biodegradable plastic. BYU stated that this pre-bottled water had the taste tainted in 1 ½ years and in 2 ½ years over 50% of the bottles were leaking. If using this kind of water list the Expiration/Use By Date.**

Location	Quantity	Date Stowed	Expiration/Use By Date

**Tip:** Store large amounts of water in sturdy containers away from heat sources and direct sunlight. Plan on at least 14 gallons per person for a two week supply

## Food Storage Plan

It is prudent to track your emergency food stores so you can rotate them to ensure the most viable nutrients. Shelf-life is more about how long any particular food item will be nutritional rather than when it goes 'bad' enough to make you sick.

**Remember** each food item has its own shelf-life; each food preservation method has its own shelf-life; each food storage container affects shelf-life and the overall environment of the food storage area affects shelf-life.

**There are four factors that determine how long food will last.** Even though storage life is different for different types of food, these same factors apply to all foods. Here they are:

### Temperature

All things being equal, temperature has the most to do with how long dried foods will last. The list showing approximate life of dried foods at the end of this report is based on a stable temperature of 70 degrees Fahrenheit. According to the USDA, a drop of 10 degrees Fahrenheit can increase the storage life of seeds by as much as double the time. In other words, if the storage life at 70 degrees Fahrenheit is 8-10 years, you could expect up to twice that, or 16-20 years if the temperature could be kept at 60 degrees. Of course, other factors will play into this, so you shouldn't view this as a hard and fast rule, but it gives you a guideline to keep in mind when storing foods.

### Humidity

According to the USDA, dried beans, grains and flours have an average moisture of 10%. In fact, experts agree this is an ideal moisture content for long term food storage. It's really not realistic or practical to determine the food moisture content without sophisticated equipment, so the best advice for dried goods is to simply keep things as dry as possible. This is not hard to do, particularly considering the next food storage factor.

### Containers

Using the right containers is very important for keeping moisture, air and pests out of your food. We'll have more to say on this later in this report. The important thing is that your containers are food grade, air tight and water proof. They also need to be strong enough to withstand a small vacuum created when oxygen is removed, which takes us to the fourth factor of food storage...

### Oxygen

Oxygen is an enemy of food storage since it oxidizes many of the compounds in food. Over time, this breaks the food down and lessens its nutritive value. Thus, you need to remove the oxygen from your food for optimal storage life. Depleting the oxygen, has another benefit. When the oxygen is removed from the air in a container, it leaves a higher concentration of nitrogen, which kills common food pests. So how do you remove the oxygen? We'll get to that in a few minutes.

**Bottom line:** Most food and medicine storage needs to be dry, low light, cool (between 45-70 degrees with no more than a 10 degree temperature change in under 28 hours) and as rodent and pest free or proof as possible.

**For more detailed information on these subjects see below:**

2 Food Storage Calculators (Must download in excel format to access all tabs)	<a href="http://www.scribd.com/doc/42687042/2-Food-Storage-Calculators">http://www.scribd.com/doc/42687042/2-Food-Storage-Calculators</a>
Shelf Life Information on Lots of Things (Must download in excel format to access all tabs)	<a href="http://www.scribd.com/doc/42690147/Shelf-Life-Information-on-Lots-of-Things">http://www.scribd.com/doc/42690147/Shelf-Life-Information-on-Lots-of-Things</a>
Food - Dehydrated/Freeze Dried to Fresh Equivalents and Rehydration Tables	<a href="http://www.scribd.com/doc/68416847/Food-Dehydrated-Freeze-Dried-to-Fresh-Equivalents-and-Re-Hydration-Tables">http://www.scribd.com/doc/68416847/Food-Dehydrated-Freeze-Dried-to-Fresh-Equivalents-and-Re-Hydration-Tables</a>
Food Storage Mistakes – Yikes!	<a href="http://www.scribd.com/doc/50950637/Food-Storage-Mistakes-%E2%80%93-Yikes">http://www.scribd.com/doc/50950637/Food-Storage-Mistakes-%E2%80%93-Yikes</a>
List of Open Pollinated and Organic Seed Providers (Must download in excel format to access all tabs)	<a href="http://www.scribd.com/doc/52843804/List-of-Open-Pollinated-and-Organic-Seed-Providers">http://www.scribd.com/doc/52843804/List-of-Open-Pollinated-and-Organic-Seed-Providers</a>
Cheap & Cool Pantry Can Organizer	<a href="http://www.scribd.com/doc/44616263/Cheap-Cool-Pantry-Can-Organizer">http://www.scribd.com/doc/44616263/Cheap-Cool-Pantry-Can-Organizer</a>
Survival Seed Packages VS Saving Your Own Seeds	<a href="http://www.scribd.com/doc/52053117/Survival-Seed-Packages-vs-Saving-Your-Own-Seeds">http://www.scribd.com/doc/52053117/Survival-Seed-Packages-vs-Saving-Your-Own-Seeds</a>

\*\* Food, water and medical caches are common.

**Nutrition is of a major concern.** Our body needs various nutrients in order to maintain health. Did you know that people have starved to death while eating, because their food stores were beyond their Expiration or Use By date!?!)

**TABLE 2. U.S. RDA's**

Vitamin A	5,000 IU
Vitamin D	400 IU
Vitamin E	10 IU
Vitamin C	60 mg
Folic Acid	0.4 mg
Thiamin	1.5 mg
Riboflavin	1.7 mg
Niacin	20 mg
Vitamin B6	2.0 mg
Vitamin B12	6.0 mcg
Biotin	0.3 mg
Pantothenic Acid	10 mg
Calcium	1.0 g
Phosphorus	1.0 g
Iodine	150 mcg
Iron	18 mg
Magnesium	400 mg
Copper	2.5 mg
Zinc	15 mg
Protein	45 g

**What counts as one serving?**

<b>Breads, Cereals, Rice, and Pasta</b> 1 slice of bread ½ cup of cooked rice or pasta ½ cup of cooked cereal 1 ounce of ready-to-eat cereal	<b>Vegetables</b> ½ cup of chopped raw or cooked vegetables 1 cup of leafy raw vegetables	<b>Fruits</b> 1 piece of fruit or melon wedge ¾ cup of juice ½ cup of canned fruit ¼ cup dried fruit
<b>Milk, Yogurt, and Cheese</b> 1 cup of milk or yogurt 1 ½ to 2 ounces of cheese	<b>Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts</b> 2 ½ to 3 ounces of cooked lean meat, poultry, or fish Count ½ cup of cooked beans, or 1 egg, or 2 tablespoons of peanut butter as 1 ounce of lean mean (about serving)	

**How many servings do you need each day?**

	Women & some older adults	Children, teen girls, active women, most men	Teen boys & active men
Calorie level*	about 1,600	about 2,200	about 2,800
Bread group	6	9	11
Vegetable group	3	4	5
Fruit group	2	3	4
Milk group	**2-3	**2-3	**2-3
Meat group	2, for a total of 5 ounces	2, for a total of 6 ounces	3, for a total of 7 ounces

\*These are the calorie levels if you choose lowfat, lean foods from the five major food groups and use foods from the fats, oils, and sweets group sparingly.

\*\*Women who are pregnant or breastfeeding, teenagers, and young adults to age 24 need three servings.

The following are a few forms will aide you in calculating your food storage inventory needs; as well as a quick 'Inventory of Food Storage' form.

Near the end of this document (just before the landscape pages) is a Master Shopping List that can be used as a guide in determining what you want to have in your food storage.

## Grains

The recommended amounts of grain intake for one person:

For a 3 Month supply of grains will be about 75 pounds per year.

For a 6 Month supply of grains will be about 150 pounds per year.

For a 12 Month supply of grains will be about 300 pounds per year.

Estimating Grain formula:

# of Months of grains	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total Pounds
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Calculate your household needs:

# of Months of grains	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total Pounds

Tips:

- Whole grains should make up 65% of your grains group. Whole grains include wheat, oats, quinoa, spelt, millet, amaranth, and brown rice.
- Hard red wheat has a strong nutty flavor. If you are new to using wheat, you might want to purchase hard white wheat, as it has a more subtle flavor.

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## Food Storage - Grain Inventory Needs

Item of Grain	Weight and/or Can Size w/ Weight	Quantity on Hand	Expiration/Use By Date	Location
9 Grain Cracked Cereal				
10 Grain Pancake Mix				
Amaranth				
Barley				
Corn Meal				
Egg Noodle Pasta				
Flour, White				
Flour, Wheat				
Germade (Wheat Cereal)				
Lasagna Noodles				
Macaroni Noodles				
Millet				
Oat Groats				
Oats, Quick				
Oats, Regular				
Quinoa				
Rice				
Rice, Instant Brown				
Rice, Instant White				
Spaghetti Noodles				
Spelt				
Wheat, Hard White				
Wheat, Hard Red				

# Dairy

Dairy requirements are broken into two categories: Milk and Other. Generally, it is recommended consuming of a mixed type of dairy; Milk and Other than milk, see charts below for calculating your household needs.

## Estimating Dairy formula for 1 year:

<b>All Dairy</b> 87 lbs per person, per year	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household all Dairy Needs for 1 year:				
<b>87</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Non-milk Dairy</b> 52 lbs per person, per 1 year	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household non milk Dairy Needs for 1 year:				
<b>52</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Milk Dairy</b> 35 lbs per person, per 1 year	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household milk Dairy Needs for 1 year:				
<b>35</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

## Estimating Dairy formula for 6 months:

<b>All Dairy</b> 43.5 lbs per person, per 6 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 6 months
Estimate your household all Dairy Needs for 6 months:				
<b>43.5</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Non-milk Dairy</b> 26 lbs per person, per 6 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 6 months
Estimate your household non milk Dairy Needs for 6 months:				
<b>26</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Milk Dairy</b> 17.5 lbs per person, per 6 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 3 months
Estimate your household milk Dairy Needs for 6 months:				
<b>17.5</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

## Estimating Dairy formula for 3 months:

<b>All Dairy</b> 21.75 lbs per person, per year	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household all Dairy Needs for 3 months:				
<b>21.75</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

<b>Non-milk Dairy</b> 13 lbs per person, per 6 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 6 months
Estimate your household non milk Dairy Needs for 3 months:				
<b>13</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Milk Dairy</b> 8.75 lbs per person, per 3 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 3 months
Estimate your household milk Dairy Needs for 3 months:				
<b>8.75</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

Tips:

- Instant milk usually tastes better for drinking than powdered milk. Powdered milk is mainly used in baking. Although you can use both interchangeably.

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## Food Storage - Dairy Inventory Needs

Item of Dairy	Weight and/or Can Size w/ Weight	Quantity on Hand	Expiration/Use By Date	Location
Butter Powder				
Cheese Blend				
Cheese, Cheddar (FD)				
Cheese, Colby (FD)				
Cheese, Monterey Jack (FD)				
Cheese, Mozzarella (FD)				
Chocolate Drink Mix				
Ice Cream (FD)				
Milk, Instant				
Milk, Powdered				
Sour Cream Powder				
Yogurt (FD)				

FD = Freeze dried; DH = Dehydrated; VS = Vacuum sealed

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## Fruits

When talking about food storage and fruits, you need to look at freeze dried, dehydrated and canned. Although I found tons of information on fresh fruit daily requirements, I could only find information on freeze dried nutritional requirements.

### Estimating Fruits needs formula (freeze dried only):

<b>20 pounds per person</b>	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household Fruit Needs for <b>1 year</b> :				
<b>20</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>10 pounds per person</b>	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 6 months
Estimate your household Fruit Needs for <b>6 months</b> :				
<b>10</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>5 pounds per person</b>	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 3 months
Estimate your household Fruit Needs for <b>3 months</b> :				
<b>5</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

**Tip:** Freeze dried foods last longer and are healthier than foods that are simply dehydrated. Freeze dried foods also retain their original color, flavor, shape and texture.

## Food Storage - Fruits Inventory Needs

Item	Weight and/or Can Size w/ Weight	Quantity on Hand	Expiration/Use By Date	Location
Apple Sauce				
Apple Slices				
Apples (FD)				
Apricots (FD)				
Banana Slices (FD)				
Blackberries (FD)				
Cherries (FD)				
Grapes (FD)				
Mangoes (FD)				
Peach Slices (FD)				
Pears (FD)				
Pineapple Chunks (FD)				
Raspberries (FD)				
Strawberries, Sliced (FD)				
Strawberries, Whole (FD)				

FD = Freeze dried; DH = Dehydrated; VS = Vacuum sealed

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## Vegetables

Once again I could find tons of information on the daily nutritional requirements of fresh vegetables, canned and freeze dried with nothing on dehydrated. Hence, the requirements listed here are for freeze dried.

### Estimating Vegetable needs formula (freeze dried only):

<b>17 pounds per person</b>	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household Vegetable Needs for <b>1 year</b> :				
<b>17</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>8.5 pounds per person</b>	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 6 months
Estimate your household Vegetable Needs for <b>6 months</b> :				
<b>8.5</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>4.25 pounds per person</b>	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 3 months
Estimate your household Vegetable Needs for <b>3 months</b> :				
<b>4.25</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

### Tips:

- Rotate by substituting items from the grocery store with items from your Home Store. You will be surprised how easy it is to turn long-term foods into everyday foods.
- Grow a garden in your yard or in pots. Then, you will have produce. Store and rotate your seeds. You will have fresh produce to eat with your food storage.

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## Food Storage - Vegetable Inventory Needs

Item	Weight and/or Can Size w/ Weight	Quantity on Hand	Expiration/Use By Date	Location
Asparagus (FD)				
Bell Peppers, Dehydrated				
Bell Peppers (FD)				
Broccoli (FD)				
Carrot Dices				
Cauliflower (FD)				
Celery (FD)				
Corn (FD)				
Green Beans (FD)				
Green Chili Peppers (FD)				
Mushroom Pieces (FD)				
Onions, Dehydrated				
Onions (FD)				
Onions, Green (FD)				
Peas (FD)				
Potato Beads				
Potato Chunks				
Potato Dices (FD)				
Potato Flakes				
Split Green Peas				
Spinach (FD)				
Tomato Dices (FD)				
Tomato Powder				
Zucchini (FD)				
Garden Vegetable Seeds (Open Pollinated Only so you can save seeds for the next season)				

FD = Freeze dried; DH = Dehydrated; VS = Vacuum sealed



# Beans

Beans are often used as a protein substitute for meat. Considering this you have two formulas to look at: One with Beans Only and one with Beans in Combination with other protein.

## Estimating Beans formula for 1 year:

<b>Beans Only</b> 60 lbs per person, per year	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household Beans only Needs for 1 year:				
<b>60</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Beans with other Proteins</b> 27 lbs per person, per 1 year	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household Beans w/other protein Needs for 1 year:				
<b>27</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Meat with the beans</b> 18 lbs per person, per 1 year	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household meat with Beans Needs for 1 year:				
<b>18</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

## Estimating Beans formula for 6 months:

<b>Beans Only</b> 30 lbs per person, for 6 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 6 months
Estimate your household Beans only Needs for 6 months:				
<b>30</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Beans with other Proteins</b> 13.5 lbs per person, for 6 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 6 months
Estimate your household Beans with other proteins Needs for 6 months:				
<b>13.5</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Meat with the beans</b> 9 lbs per person for 6 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 3 months
Estimate your household meat with Beans Needs for 6 months:				
<b>9</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

## Estimating Beans formula for 3 months:

<b>Beans Only</b> 15 lbs per person, for 3 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household Beans only Needs for 3 months:				

<b>15</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Beans with other Proteins</b> 6.75 lbs per person, for 3 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 6 months
Estimate your household Beans with other proteins Needs for 3 months:				
<b>6.75</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Meat with the beans</b> 4.5 lbs per person, for 3 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 3 months
Estimate your household meat with Beans Needs for 3 months:				
<b>4.5</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

**Tip:** For optimum shelf life, store food on shelves indoors with temperatures between 40F and 70F year round. Quality is best maintained by minimum exposure to light, heat, moisture and air.

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## Food Storage - Beans Inventory Needs

Item	Weight and/or Can Size w/ Weight	Quantity on Hand	Expiration/Use By Date	Location
Black Beans				
Black Beans, Instant				
Kidney Beans				
Lentils				
Lima Beans				
Pinto Beans				
Pinto Beans, Instant				
Red Beans				
Red Beans, Instant				
Soy Beans				
White Navy Beans				

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# Meats

For the nutritional information on Meats again I could only find information on fresh, frozen, canned and freeze dried, nada on dehydrated.

Beans are often used as a protein substitute for meat. Considering this you have two formulas to look at: One with Meat Only and one with Meat in Combination with beans.

## Estimating Meat formula for 1 year:

<b>Meat Only</b> 60 lbs per person, per year	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household Meat only Needs for 1 year:				
<b>60</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Meat with other Proteins</b> 18 lbs per person, per 1 year	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household Beans w/other protein Needs for 1 year:				
<b>27</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Beans with Meat</b> 27 lbs per person, per 1 year	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 1 year
Estimate your household meat with Beans Needs for 1 year:				
<b>18</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

## Estimating Meat formula for 6 months:

<b>Meat Only</b> 30 lbs per person, for 6 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 6 months
Estimate your household Meat only Needs for 6 months:				
<b>30</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>beans with meat</b> 13.5 lbs per person, for 6 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 6 months
Estimate your household bean with Meat Needs for 6 months:				
<b>13.5</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Meat with the beans</b> 9 lbs per person for 6 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 3 months
Estimate your household Meat with beans Needs for 6 months:				
<b>9</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

## Estimating Meat formula for 3 months:

<b>Meat Only</b> 15 lbs per person, for	<b>X</b>	# of People	<b>=</b>	Total for household for 1 year
--	----------	-------------	----------	--------------------------------

3 months	(Times)		(Equals)	
Estimate your household Meat only Needs for 3 months:				
<b>15</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>beans with Meat</b> 6.75 lbs per person, for 3 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 6 months
Estimate your household beans with Meat Needs for 3 months:				
<b>6.75</b>	<b>X</b> (Times)		<b>=</b> (Equals)	
<b>Meat with the beans</b> 4.5 lbs per person, for 3 months	<b>X</b> (Times)	# of People	<b>=</b> (Equals)	Total for household for 3 months
Estimate your household Meat with Beans Needs for 3 months:				
<b>4.5</b>	<b>X</b> (Times)		<b>=</b> (Equals)	

**Tip:** For optimum shelf life, store food on shelves indoors with temperatures between 40F and 70F year round. Quality is best maintained by minimum exposure to light, heat, moisture and air.

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## Food Storage - Meats Inventory Needs

Item	Weight and/or Can Size w/ Weight	Quantity on Hand	Expiration/Use By Date	Location
Beef Dices (FD)				
Chicken Dices (FD)				
Chicken Slices (FD)				
Ground Beef (FD)				
Ham (FD)				
Roast Beef (FD)				
Sausage (FD)				
Taco TVP				
Turkey (FD)				
Egg White Powder				
Scrambled Egg Mix				
Whole Egg Powder				

FD = Freeze dried; DH = Dehydrated; VS = Vacuum sealed

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Important Documents

## Basic Food Stuffs

Much of this is your spices, herbs and condiments. So all of these formulas are guideline estimates and not carved in stone.

It is recommended that you have a minimum of 90 pounds of basic ingredients per person for a 12 month supply. Of that, at least 60 pounds should be some type of a sweetener, 5 pounds of salt, and least of 20 pounds of oils.

### Food Basics formulas for 1 year:

<b>Combined</b> , per person for 1 year <b>90 lbs.</b>	<b>X</b>	Number of people	<b>=</b>	Total
Calculate your Combined Basics for 1 year				
<b>90 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Basics broken apart, per person for 1 year</b>				
Some kind of <b>Sweetener</b> , per person for 1 year <b>60 lbs.</b>	<b>X</b>		<b>=</b>	
Calculate your Sweetener for 1 year				
<b>60 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Salt</b> , per person for 1 year <b>5 lbs</b>	<b>X</b>		<b>=</b>	
Calculate your Salt for 1 year				
<b>5 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Oil(s)</b> , per person for 1 year <b>20 lbs</b>	<b>X</b>		<b>=</b>	
Calculate your Oils for 1 year				
<b>20 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Other Basics</b> , per person for 1 year <b>5 lbs.</b>	<b>X</b>		<b>=</b>	
Calculate your Other Basics for 1 year				
<b>5 lbs.</b>	<b>X</b>		<b>=</b>	

### Food Basics formulas for 6 months:

<b>Combined</b> , per person for 6 months <b>45 lbs.</b>	<b>X</b>	Number of people	<b>=</b>	Total
Calculate your Combined Basics for 6 months				
<b>45 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Basics broken apart, per person for 6 months</b>				
Some kind of <b>Sweetener</b> , per person for 6 months <b>30 lbs.</b>	<b>X</b>		<b>=</b>	
Calculate your Sweetener for 6 months				
<b>30 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Salt</b> , per person for 6 months <b>2.5 lbs</b>	<b>X</b>		<b>=</b>	
Calculate your Salt for 6 months				
<b>2.5 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Oil(s)</b> , per person for 6 months <b>10 lbs</b>	<b>X</b>		<b>=</b>	
Calculate your Oils for 6 months				

<b>10 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Other Basics, per person for 6 months</b> <b>2.5 lbs.</b>	<b>X</b>		<b>=</b>	
Calculate your Other Basics for 6 months				
<b>2.5 lbs.</b>	<b>X</b>		<b>=</b>	

**Food Basics formulas for 3 months:**

<b>Combined, per person for 3 months</b> <b>22.5 lbs.</b>	<b>X</b>	Number of people	<b>=</b>	Total
Calculate your Combined Basics for 3 months				
<b>22.5 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Basics broken apart, per person for 3 months</b>				
Some kind of <b>Sweetener</b> , per person for 6 months <b>15 lbs.</b>	<b>X</b>		<b>=</b>	
Calculate your Sweetener for 3 months				
<b>15 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Salt</b> , per person for 3 months <b>1.25 lbs</b>	<b>X</b>		<b>=</b>	
Calculate your Salt for 3 months				
<b>1.25 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Oil(s)</b> , per person for 3 months <b>5 lbs</b>	<b>X</b>		<b>=</b>	
Calculate your Oils for 3 months				
<b>5 lbs.</b>	<b>X</b>		<b>=</b>	
<b>Other Basics</b> , per person for 3 months <b>1.25 lbs.</b>	<b>X</b>		<b>=</b>	
Calculate your Other Basics for 3 months				
<b>1.25 lbs.</b>	<b>X</b>		<b>=</b>	

**Tips:**

- For maximum freshness, keep oxygen absorbers in your open cans. Reseal your open cans with their plastic lids.
- Don't forget to store non-food items such as paper products, cleaning supplies, laundry detergent, toiletries, soap, and medicines.



## Food Storage – ‘Basics’ Inventory Needs

Item	Weight and/or Can Size w/ Weight	Quantity on Hand	Expiration/Use By Date	Location
Almond Extract				
Baking Cocoa				
Baking Powder				
Baking Soda				
Bouillon, Beef				
Bouillon, Chicken				
Chili Powder				
Cinnamon				
Cloves				
Cornstarch				
Cream of Tarter				
Dough Enhancer				
Drink Mix				
Garlic Powder				
Gelatin				
Lemon Pepper				
Nutmeg				
Olive Oil				
Onion Powder				
Pepper				
Salt				
Shortening				
Shortening Powder				
Vanilla Extract				
Vegetable Oil				
Vinegar				
Yeast				
Wheat Gluten				
Sweetener, Brown Sugar				
Sweetener, Corn Syrup				

Item	Weight and/or Can Size w/ Weight	Quantity on Hand	Expiration/Use By Date	Location
Sweetener, Honey				
Sweetener, Honey Powder				
Sweetener, Maple Syrup				
Sweetener, Molasses				
Sweetener, Powdered Sugar				
Sweetener, White Sugar				

FD = Freeze dried; DH = Dehydrated; VS = Vacuum sealed

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**Important Documents**



## Shelter(s) Plan

Your home is your Primary Retreat. However, it is prudent to have at least one other 'retreat' selected in case your home becomes unsafe or is destroyed and if you are going with the Rule of Redundancy, then you can add as many as you can afford the time and monies to stock.

### Alternate Retreat(s)

Location	Started Stocking Date	Stocking Date Completed	Notes

### Mobile Retreat(s)

Type (car/RV/Camper)	Location	Started Stocking Date	Stocking Date Completed	Notes

### Makeshift Retreats

Type	Location	Started Stocking Date	Stocking Date Completed	Notes
Car/RV/Camper				
Backpack Camping Equipment				
Cached Supplies				

Minimum Common Needs	Have	Need
Tent(s)		
Sleeping bag(s) and mat(s)		
Ground cloth(s)		
Tarp(s)		
Camping/Backpacker Kitchen (includes a cooking source and fuel)		
Lighting source		
Medical/Dental		
Food & Water		



## Health, Medical and Dental Plan

We are talking the bare basics here. For long duration crises, this list can become quite large. Only you know what you are preparing for. Below is a list of the basics.

Item	Quantity	Location	Expiration/Use By Date
First Aid Kit			
Emergency Dental Kit			
Prescriptions			

Detailing the general specifics of each member of your family will be helpful. It forces you to think through what you need to do, and it also provides documentation for others in case they need to know because of absence or incapacitation of those who are the regular caregivers.

Family Member:		
Known Allergies:	Health Status	Care Regimen
Critical Equipment (status & use)	Dietary Restrictions	Alternative Site for Care
Family Member:		
Known Allergies:	Health Status	Care Regimen
Critical Equipment (status & use)	Dietary Restrictions	Alternative Site for Care
Family Member:		
Known Allergies:	Health Status	Care Regimen
Critical Equipment (status & use)	Dietary Restrictions	Alternative Site for Care
Family Member:		
Known Allergies:	Health Status	Care Regimen
Critical Equipment (status & use)	Dietary Restrictions	Alternative Site for Care

# Pets Plan

Pets need to be attended to in emergencies. They have the same needs as people.

## Water:

You will need to figure out how much each of your pets drinks daily, and store that amount of water. You will need supplies separate from your families. For more detail on the water needs of various pets see *Prepping for Animals Pets & Livestock* <http://www.scribd.com/doc/50950940/Prepping-for-Animals-Pets-Livestock> Once you know the average daily amount of water needed for your pet, substitute the daily requirement for your pet instead of the human requirement and then utilize the water formula utilized for calculating human needs. Yes in that formula I included pets, some require more and some less and having a little extra water may very well come in handy ;-}

## Food:

An emergency food supply for pets, separate from daily uses, is just as important as that for people. You will know how much your pet needs. Storing any pet food in water proof containers will ensure that it is around when needed.

## Shelter:

You will want to ensure you count your pets into the equation when you plan for shelter

### Pet Food Storage

Item	Quantity	Location	Expiration/Use By Date

### Pet Shelter

Item	Quantity	Location
Crate		
Mat(s)		
Ground cloth		
Blanket(s)		
Tent		

### Other Pet Needs

Item	Quantity	Location
Collar & Leash		
Outdoor restraint (stake and cable, etc)		
Bowls		
Toys		

## Family Plan Basic

<b>Nearest Neighbor</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone (Day): _____ (Evening): _____ (Mobile): _____ Email: _____	<b>Nearest Relative</b> Name: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone (Day): _____ (Evening): _____ (Mobile): _____ Email: _____
<b>Out-Of-State</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone (Day): _____ (Evening): _____ (Mobile): _____ Email: _____	<b>Other:</b> Name: _____ Relationship: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone (Day): _____ (Evening): _____ (Mobile): _____ Email: _____
<b>Family Reunion Locations</b>	
<b>Location 1.</b> Right outside your home _____ _____ _____	<b>Neighborhood Meeting Place:</b> _____ _____ _____
<b>Location 2.</b> Out-of-Neighborhood Meeting Place, in case you cannot return home: Meeting Place: _____ _____ Address: _____ Telephone Number: _____ Driving/Walking route(s): _____ _____ _____ _____ _____	<b>Out-of-town Meeting Place:</b> Meeting Place: _____ _____ Address: _____ Telephone Number: _____ Driving/Walking route(s): _____ _____ _____ _____





## Family Member Quick Information

### Family Member 1

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Phone Number (Work): \_\_\_\_\_  
(Evening): \_\_\_\_\_  
(Mobile): \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Blood Type: \_\_\_\_\_  
Prescriptions: \_\_\_\_\_  
Business, School or Other Evacuation Information:  
Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_

### Family Member 2

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Phone Number (Work): \_\_\_\_\_  
(Evening): \_\_\_\_\_  
(Mobile): \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Blood Type: \_\_\_\_\_  
Prescriptions: \_\_\_\_\_  
Business, School or Other Evacuation Information:  
Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_

### Family Member 3

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Phone Number (Work): \_\_\_\_\_  
(Evening): \_\_\_\_\_  
(Mobile): \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Blood Type: \_\_\_\_\_  
Prescriptions: \_\_\_\_\_  
Business, School or Other Evacuation Information:  
Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_

### Family Member 4

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Phone Number (Work): \_\_\_\_\_  
(Evening): \_\_\_\_\_  
(Mobile): \_\_\_\_\_  
Personal Email: \_\_\_\_\_  
Blood Type: \_\_\_\_\_  
Prescriptions: \_\_\_\_\_  
Business, School or Other Evacuation Information:  
Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_

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Important Documents





# Emergency Phone Numbers

**Emergency**

**911 or 1-911**

In a life threatening emergency, dial 911 or the local emergency medical service officials

**Nearest Police Department:**

Address:

Phone: 911 or Dispatch:

**Nearest Fire Department:**

Address:

Phone: 911 or Dispatch:

**Nearest Hospital:**

Address:

Phone:

**Poison Control:**

**Ambulance or Paramedics:**

**Utilities**

Electric:

Gas:

Water:

Phone Company:

**Animal Control:**

**Family Physician:**

Phone:

**Pharmacy** (Name & Phone):

Address:

**Insurance Agent-Vehicle** (Name & Phone):

**Insurance Agent-Property** (Name & Phone):

**Babysitter** (Name & Phone):

**Veterinarian** (Name & Phone):

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# Emergency Contact and Medical Form

Patient Name:		Birth date:	
Emergency Contact Name:		Home Phone Number:	
Emergency Contact Address:		Work Phone Number:	
Cell Phone Number:			
Additional Contact Name:		Home Phone Number:	
Additional Contact Address:		Work Phone Number:	
Cell Phone Number:			
Primary Physician Name:		Office Phone Number:	
Secondary Physician Name:		Office Phone Number:	
Additional Physician Name:		Office Phone Number:	
Health Insurance Company Name:		Member #:	
Long Term Care Insurance Name:		Member #:	
Medicare #:		Medicaid #:	
Blood Type:	Uses tobacco?	YES	NO
Religious Beliefs:	Drinks alcohol?	YES	NO
Current Medications:			
Allergies and Drug Sensitivities:			
Medical Conditions:			
Prior Surgeries:			
Other Medical Information:			

Health Care Proxy Name:		Home Phone Number:	
Health Care Proxy Address:		Work Phone Number:	
Cell Phone Number:			
End of Life Preferences		Is a do not resuscitate order in effect? YES NO	
Advance Directives:			
Document Location:			

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## Medical Treatment Authorization Form for Minors

To whom it may concern:

**IN CASE OF EMERGENCY OR ANY MEDICAL ATTENTION, OUR CHILD(ren) listed below**

Name:	Date of Birth:
Allergies:	Medical Notes:
Name:	Date of Birth:
Allergies:	Medical Notes:
Name:	Date of Birth:
Allergies:	Medical Notes:
Name:	Date of Birth:
Allergies:	Medical Notes:

**ARE UNDER THE CARE OF:**

Name:	Phone:
Name:	Phone:

**THE GUARDIAN(s): WHO HAVE MY PERMISSION TO ACT AS GUARDIANS FOR OUR CHILD(ren) in the event of illness, accident or injury, where neither of us are available.**

**In the event of this situation, THE GUARDIAN(s) CAN HAVE OUR CHILD(ren) TREATED OR ADMITTED TO**

Hospital(s) or Clinic(s)	

**OR ANY OTHER APPROPRIATE MEDICAL FACILITY.**

Our Preferred Doctor/Medical Group is:

Doctor:	Phone:
Medical Group:	Phone:

**If the child(ren) is(are) in need of medication, treatment, or emergency operations as advised by the above named doctor or medical group (or if they are not available, such other qualified personnel as may be available), the doctors and health personnel have our permission to administer such medication and treatment as may be warranted under the circumstances.**

Our Insurance		
Name:	Policy #	Phone:

\_\_\_\_\_  
FATHER

\_\_\_\_\_  
MOTHER

DATED: \_\_\_\_\_





# Vehicle Information Sheet

Vehicle # \_\_\_\_\_

<b>Year</b>	<b>Make</b>	<b>Model</b>
<b>Color(s)</b>		
<b>Identifying Marks</b> (Scratches, dents, grill work, detailing)		
<b>VIN</b> (Vehicle Identification Number)		
<b>License Plate / State</b>		
<b>Registered Owner(s)</b>		
<b>Street</b>		
<b>City/State/Zip</b>		
<b>Phone</b>		
<b>Insurance Co.</b>	<b>Policy Number</b>	<b>Representative/Contact</b>
<b>Street</b>		
<b>City/State/Zip</b>		
<b>Phone</b>		
<b>Photo</b>		









## Health & Hospitalization Insurance

Insurance Co. (Local Agent)	Insured Name	Policy No.	Type of Coverage	Premiums		Benefits
				Pay On	Amt.	

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# Health/Medical/Dental Insurance

INSURANCE CO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_ GROUP NO. \_\_\_\_\_

PERSON INSURED \_\_\_\_\_ POLICY NO. \_\_\_\_\_

<u>NAME</u>	<u>ID#</u>	<u>COVERAGE NOTES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE CO. \_\_\_\_\_ PHONE NO. \_\_\_\_\_

EMPLOYER \_\_\_\_\_ GROUP NO. \_\_\_\_\_

PERSON INSURED \_\_\_\_\_ POLICY NO. \_\_\_\_\_

<u>NAME</u>	<u>ID#</u>	<u>COVERAGE NOTES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## DENTAL INSURANCE

COMPANY \_\_\_\_\_ POLICY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NOTES \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICARE /MEDICAID**

COMPANY \_\_\_\_\_ POLICY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NOTES \_\_\_\_\_

**BLUE CROSS/BLUE SHIELD**

COMPANY \_\_\_\_\_ POLICY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NOTES \_\_\_\_\_

**MEDICARE SUPPLEMENTAL**

COMPANY \_\_\_\_\_ POLICY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NOTES \_\_\_\_\_

**PRESCRIPTION**

COMPANY \_\_\_\_\_ POLICY NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NOTES \_\_\_\_\_



**GOVERNMENTAL/MILITARY**

**COMPANY** \_\_\_\_\_ **POLICY NO.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**NOTES** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER** (eyeglass, hearing aids, etc)

**COMPANY** \_\_\_\_\_ **POLICY NO.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**NOTES** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OTHER** (eyeglass, hearing aids, etc)

**COMPANY** \_\_\_\_\_ **POLICY NO.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**NOTES** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OTHER** (eyeglass, hearing aids, etc)

**COMPANY** \_\_\_\_\_ **POLICY NO.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE NO.** \_\_\_\_\_

**NOTES** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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## Accident & Disability Insurance

Insurance Co. (Local Agent)	Insured Name	Policy No.	Type of Covera ge	Premiums		Benefits & Coverage
				Date	Amt.	

## Real Estate & Property Insurance

(automobiles, trucks, boats, & any personal property requiring title or insurance as a condition of use or ownership)

Insurance Company & Address (Name of Local Agent)	Property Insured (Home/Apt., Furnishings, Auto)	Insurance Type	Coverage Amount	Premium	
				Due	Amt.





















## REAL ESTATE

<input type="checkbox"/> <b>Primary Residence</b>		<input type="checkbox"/> <b>Other:</b> _____	
<input type="checkbox"/> Copy of Deed & or Mortgage Attached		<input type="checkbox"/> Photos Attached	<input type="checkbox"/> Property Insurance (listed in insurance section)
Description of property:			
Location			
Name on Deed / Deed in the Name of:			
Original Deed Located:			
Deed Recorded: (list county & state recorded in & date)		Book:	Page:
Mortgage: \$ Face Amount		Type	
Payment	Per	Interest Rate	
Purchase Date		Period of Payment	
Notes			

<input type="checkbox"/> <b>Primary Residence</b>		<input type="checkbox"/> <b>Other:</b> _____	
<input type="checkbox"/> Copy of Deed & or Mortgage Attached		<input type="checkbox"/> Photos Attached	<input type="checkbox"/> Property Insurance (listed in insurance section)
Description of property:			
Location			
Name on Deed / Deed in the Name of:			
Original Deed Located:			
Deed Recorded: (list county & state recorded & Date)		Book:	Page:
Mortgage: \$ Face Amount		Type	
Payment	Per	Interest Rate	
Purchase Date		Period of Payment	
Notes			

## PROPERTY INSURANCE

<input type="checkbox"/> <b>Primary Residence</b>	<input type="checkbox"/> <b>Other:</b>
Property Covered:	<input type="checkbox"/> Copy of policy attached
Insurance Co:	Phone:
Address:	
Agent:	Phone:
Premium paid with house payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$:
Notes:	

<input type="checkbox"/> <b>Primary Residence</b>	<input type="checkbox"/> <b>Other:</b>
Property Covered:	<input type="checkbox"/> Copy of policy attached
Insurance Co:	Phone:
Address:	
Agent:	Phone:
Premium paid with house payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$:
Notes:	

<input type="checkbox"/> <b>Primary Residence</b>	<input type="checkbox"/> <b>Other:</b>
Property Covered:	<input type="checkbox"/> Copy of policy attached
Insurance Co:	Phone:
Address:	
Agent:	Phone:
Premium paid with house payment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$:
Notes:	

# Individual Pet Information

<b>Name of Pet:</b>		<input type="checkbox"/> Attached Pictures			
<b>Name of Owner:</b>		Home Phone:			
Owner Address:		Mobil Phone:			
<b>Species:</b>	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat	<input type="checkbox"/> Bird	<input type="checkbox"/> Rodent	<input type="checkbox"/> Reptile
Other:					
Age:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Intact	<input type="checkbox"/> Spay/Neutered	
Height:	Weight:		Colors:		
Identifying Marks:					
<input type="checkbox"/> Collar	<input type="checkbox"/> ID Tag	<input type="checkbox"/> Microchipped	Other:		
<b>Diet:</b>					
Food Amount:		Times per Day:		<input type="checkbox"/> Once	<input type="checkbox"/> Twice
Other Food Information:		<input type="checkbox"/> Self Feeding			
Elimination: <input type="checkbox"/> Must be walked at least 4 times daily					
		<input type="checkbox"/> Uses Papers		<input type="checkbox"/> Uses Litter Box	
Veterinarian's name, phone number and address:					
Health problems, special needs:					
Medication: <input type="checkbox"/> None <input type="checkbox"/> As Needed <input type="checkbox"/> Taken _____ times a day					
Type and Dosage:					
<input type="checkbox"/> Crate/Carrier		<input type="checkbox"/> Current ID tag attached		Where stored:	
<input type="checkbox"/> Muzzle	<input type="checkbox"/> Leash	<input type="checkbox"/> Choke chain	<input type="checkbox"/> Gentle leader/Halti	<input type="checkbox"/> Harness	
Temperament: <input type="checkbox"/> calm, easy to handle		<input type="checkbox"/> somewhat fearful		<input type="checkbox"/> may snap/scratch	
<input type="checkbox"/> Dog friendly	<input type="checkbox"/> Cat friendly	Caution:			
Favorite treats, toys, games, other info:			<input type="checkbox"/> Copy of immunizations attached		

# Aquatic Animals

- Aquarium                       Pond  
 Indoor             Outdoor             Fresh             Salt water             Common             Exotics

Where located: \_\_\_\_\_

Location of Feed	Last Fed (if not self feeding)	Feeding Instructions

## Fish Farmer

- Indoor tanks                       Outdoor Ponds/Tanks                       Self feeding

Pond Name or number	Location	Stocked with (trout, catfish, coy, etc)	Last Fed if not self feeding

Location of feed: \_\_\_\_\_

Feeding Instructions:  
\_\_\_\_\_

### Other Instructions and Notes


# Livestock Evacuation Planning

## TAKE PRECAUTIONS

- Make a disaster plan to protect your property, your facilities, and your animals. Create a list of emergency telephone numbers, including those of your employees, neighbors, veterinarian, state veterinarian, poison control, local animal shelter, animal care and control, county extension service, local agricultural schools, trailering resources, and local volunteers.
- Include a contact person outside the disaster area. Make sure all this information is written down and that everyone has a copy.
- Make sure every animal has durable and visible identification.
- Ensure that poultry have access to high areas in which to perch, if they are in a flood-prone area, as well as to food and clean water.
- Reinforce your house, barn, and outbuildings with hurricane straps and other measures. Perform regular safety checks on all utilities, buildings, and facilities on your farm.
- Use only native and deep-rooted plants and trees in landscaping (nonnative plants are less durable and hardy in your climate and may become dislodged by high winds or broken by ice and snow).
- Remove all barbed wire, and consider rerouting permanent fencing so that animals may move to high ground in a flood and to low-lying areas in high-wind events.
- Install a hand pump and obtain enough large containers to water your animals for at least a week (municipal water supplies and wells are often contaminated during a disaster).
- Identify alternate water and power sources. A generator with a safely stored supply of fuel may be essential, especially if you have electrical equipment necessary to the well-being of your animals.
- Secure or remove anything that could become blowing debris; make a habit of securing trailers, propane tanks, and other large objects. If you have boats, feed troughs, or other large containers, fill them with water before any high-wind event. This prevents them from blowing around and also gives you an additional supply of water.
- If you use heat lamps or other electrical machinery, make sure the wiring is safe and that any heat source is clear of flammable debris.
- Label hazardous materials and place them all in the same safe area. Provide local fire and rescue and emergency management authorities with information about the location of any hazardous materials on your property.
- Remove old buried trash—a potential source of hazardous materials during flooding that may leech into crops, feed supplies, water sources, and pasture.
- Review and update your disaster plan, supplies, and information

## **Barn Fires - *The Most Common Disaster***

Preventing barn fires and being prepared in the event of a fire can mean the difference between life and death for your livestock. Knowledge of the danger of fires and how to deal with them is of the greatest importance and should be an ongoing concern to livestock owners.

### **FIRE PREVENTION IS KEY**

- Prohibit smoking in or around the barn. A discarded cigarette can ignite dry bedding or hay in seconds.
- Avoid parking tractors and vehicles in or near the barn. Engine heat and backfires can spark a flame. Also, store other machinery and flammable materials outside of the barn.
- Inspect electrical systems regularly and immediately correct any problems. Rodents can chew on electrical wiring and cause damage that can quickly become a fire hazard.
- Keep appliances to a minimum in the barn. Use stall fans, space heaters, and radios only when someone is in the barn. Install a sprinkler system.
- Be sure hay is dry before storing it. Hay that is too moist may spontaneously combust. Store hay outside of the barn in a dry, covered area when possible.

### **BE PREPARED FOR A FIRE**



- Mount fire extinguishers in all buildings, especially at all entrances. Make sure they are current and that your family and employees know how to use them.
- Keep aisles, stall doors, and barn doors free of debris and equipment.
- Have a planned evacuation route for every area of your farm, and familiarize all family members and employees with your evacuation plans.
- Post emergency telephone numbers at each telephone and at each entrance. Emergency telephone numbers should include those of the veterinarian, emergency response personnel, and qualified livestock handlers. Also, keep your barn's street address clearly posted to relay to the 911 operator or your community's emergency services.
- Be sure your address and the entrance to your farm are clearly visible from the main road.
- Install smoke alarms and heat detectors in all buildings. New heat sensors can detect rapidly changing temperatures in buildings. Smoke detectors and heat sensors should be hooked up to sirens that will quickly alert you and your neighbors to a possible fire.
- Host an open house for emergency services personnel in your area to familiarize them with the layout of your property. Provide them with tips on handling your animals or present a mini-seminar with hands-on training.
- Familiarize your animals with emergency procedures and common things they would encounter during a disaster. Try to desensitize them to flashlights and flashing lights.

#### **IN THE EVENT OF A BARN FIRE**

- Immediately call 911 or your local emergency services. Keep that number clearly posted.
- Do not enter any building if it is already engulfed in flames.
- If it is safe for you to enter the barn, evacuate animals starting with the most accessible ones.
- Move animals quickly to a fenced area far enough from the fire and smoke. Never let animals loose in an area where they are able to return to a burning building.

### **Evacuation Planning**

- Contact your local emergency management authority and become familiar with at least two possible evacuation routes well in advance.
- Evacuate animals as soon as possible. Be ready to leave once the evacuation is ordered. In a slowly evolving disaster, such as a hurricane, leave no later than 72 hours before anticipated landfall, especially if you will be hauling a high-profile trailer such as a horse trailer. Remember: Even a fire truck fully loaded with water is considered "out of service" in winds exceeding 40 mph. If there are already high winds, it may not be possible to evacuate safely.
- Arrange for a place to shelter your animals. Plan ahead and work within your community to establish safe shelters for farm animals. Potential facilities include fairgrounds, other farms, racetracks, humane societies, convention centers, and any other safe and appropriate facilities you can find. Survey your community and potential host communities along your planned evacuation route.
- Set up safe transportation. Trucks, trailers, and other vehicles suitable for transporting livestock (appropriate for transporting each specific type of animal) should be available, along with experienced handlers and drivers.
- Take all your disaster supplies with you or make sure they will be available at your evacuation site. You should have or be able to readily obtain feed, water, veterinary supplies, handling equipment, tools, and generators if necessary.
- If your animals are sheltered off your property, make sure that they remain in the groupings they are used to. Also, be sure they are securely contained and sheltered from the elements if necessary, whether in cages, fenced-in areas, or buildings.

Your local humane organization, agricultural extension agent, or local emergency management agency may be able to provide you with information about your community's disaster response plans.

**For more information about disaster preparedness, write to  
Disaster Services,  
The Humane Society of the United States,**

2100 L St., NW, Washington, DC 20037;  
call 202-452-1100; or visit [www.hsus.org](http://www.hsus.org).

### FARM DISASTER KIT

- Current list of all animals, including their location and records of feeding, vaccinations, and tests. Make this information available at various locations on the farm.
- Make sure that you have proof of ownership for all animals.
- Supplies for temporary identification of your animals, such as plastic neckbands and permanent markers to label your animals with your name, address, and telephone number.
- Basic first aid kit.
- Handling equipment such as halters, cages, and appropriate tools for each kind of animal.
- Water, feed, and buckets.
- Tools and supplies needed for sanitation.
- Disaster equipment such as a cell phone, flashlights, portable radios, and batteries.
- Other safety and emergency items for your vehicles and trailers.
- Food, water, and disaster supplies for your family.

### SHELTERING IN PLACE

If evacuation is not possible, a decision must be made whether to confine large animals to an available shelter on your farm or leave them out in pastures. Owners may believe that their animals are safer inside barns, but in many circumstances, confinement takes away the animals' ability to protect themselves. This decision should be based on the type of disaster and the soundness and location of the sheltering building.

Survey your property for the best location for animal sheltering. If your pasture area meets the following criteria, your large animals may be better off out in the pasture than being evacuated:

- No exotic (nonnative) trees, which uproot easily
- No overhead power lines or poles
- No debris or sources of blowing debris
- No barbed-wire fencing (woven-wire fencing is best)
- Not less than one acre in size (if less than an acre, your livestock may not be able to avoid blowing debris).

If your pasture area does not meet these criteria, you should evacuate. Whether you evacuate or shelter in place, make sure that you have adequate and safe fencing or pens to separate and group animals appropriately.

**Work with your state department of agriculture and county extension service. If your animals cannot be evacuated, these agencies may be able to provide on-farm oversight. Contact them well in advance to learn their capabilities and the most effective communication procedure.**

**Use the following forms for any Animals and or Livestock. Keeps this information in your Important Documentation Book and have copies of any forms the authorities may need.**

# Equine Emergency Contacts

This information should be kept near your horse in case of an emergency.

<b>Owner:</b>
Address:
City, State, Zip:
Contact Numbers:

Attach Photos of Horses

Copy of immunizations attached

**If the owner is not available contact:**

Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

**Veterinarian:**

Name:	Phone:
Phone:	Pager:
Back up Veterinarian:	Phone:
Phone:	Pager:

**Horses** \_

Name	Color/Markings	Sex	Age

**Identification**

<input type="checkbox"/> Branded	<input type="checkbox"/> Microchipped
<input type="checkbox"/> Mixed	<input type="checkbox"/> Other:

**Location**

<input type="checkbox"/> Pasture	<input type="checkbox"/> Barn
Location(s)	Location(s)

**Special Medical Needs or Instructions:**

Horse Name:	<b>Instructions:</b>

# Livestock Emergency Contacts

This information should be kept near your livestock in case of an emergency.

<b>Owner:</b>
Address:
City, State, Zip:
Contact Numbers:

**If the owner is not available contact:**

Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

**Veterinarian:**

Name:	Phone:
Phone:	Pager:
Back up Veterinarian:	Phone:
Phone:	Pager:

**Livestock Information**

Herd

Individual

Type (steer, sheep, pigs, etc)	Color/Markings	Sex	Age

**Identification**

<input type="checkbox"/> Branded	<input type="checkbox"/> Microchipped
<input type="checkbox"/> Mixed	<input type="checkbox"/> Other:

**Location**

<input type="checkbox"/> Pasture	<input type="checkbox"/> Barn
Location(s)	Location(s)

**Special Medical Needs or Instructions:**

Copy of immunizations attached

Livestock #:	Instructions:

# EVACUATION NOTICE

## LIVE ANIMALS LEFT BEHIND

*Pet Owners, please fill this form out and tape it outside to your main entrance when you evacuate, IF and ONLY IF you CANNOT take your pets with you.  
The use of this card should be your very LAST resort! Your pets will be much safer with you than home alone.*

<b>Date</b>	<b>Date &amp; Time We Evacuated</b>
	<b>Time</b> <input type="checkbox"/> [12AM-5AM] <input type="checkbox"/> [5AM-10AM] <input type="checkbox"/> [10AM-3PM] <input type="checkbox"/> [3PM-8PM] <input type="checkbox"/> [8PM - 12PM]

### How Many Live Animals Are Left Inside This Residence?

\_\_\_\_\_

<b>Animal Types</b>				
<i>In box, please indicate number of pets of each type is being left behind</i>				
<input type="checkbox"/> Dog(s)	<input type="checkbox"/> Cat(s)	<input type="checkbox"/> Ferret(s)	<input type="checkbox"/> Rabbit(s)	<input type="checkbox"/> Bird(s)
Other. Please specify:				

<b>Last Feeding Time</b>	
Date: _____	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>How many days worth of food did you make accessible?</b>	
<i>Please keep in mind that unless you provide an automatic feeder, your dog will most likely consume all available food at once.</i>	
<input type="checkbox"/> One day	<input type="checkbox"/> Two days
<input type="checkbox"/> Three days	<input type="checkbox"/> More than 3 days
<input type="checkbox"/> None	

<b>Conditions of Animals Left INSIDE The Residence</b>				
<i>Please help first responders assess the situation BEFORE they enter. It keeps pets and responders safe!</i>				
<b>Check all that apply</b>				
<input type="checkbox"/> Crated	<input type="checkbox"/> Loose	<input type="checkbox"/> Leashed	<input type="checkbox"/> In a room	<input type="checkbox"/> Other:

<b>Conditions Animals Are Left OUTSIDE the Residence</b>	
Have you or any household members left live animals outside the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES,	Is this property fenced? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are they	<input type="checkbox"/> Loose	<input type="checkbox"/> Leashed	<input type="checkbox"/> Other
----------	--------------------------------	----------------------------------	--------------------------------

# Aquatic Animals NOT EVACUATED

*Please fill this form out and tape it outside to your main entrance when you evacuate.*

<b>Owner Name &amp; Phone #:</b>
<b>Date/Time Evacuated &amp; Where To:</b>

- Aquarium                                       Pond  
 Indoor             Outdoor             Fresh             Salt water             Common             Exotics

Where located: \_\_\_\_\_

Location of Feed	Last Fed (if not self feeding)	Feeding Instructions

### Fish Farmer

- Indoor tanks                                       Outdoor Ponds/Tanks                                       Self feeding

Pond Name or number	Location	Stocked with (trout, catfish, coy, etc)	Last Fed if not self feeding

Location of feed: \_\_\_\_\_

Feeding Instructions:  
\_\_\_\_\_

### Other Instructions and Notes


# In Case of Mortality

## Things that must be done when a loved one passes:

### Notify:

- Doctor or Coroner
- Relatives, friends
- Church/Pastor
- Insurance Agents
- Unions
- Fraternal organizations, clubs
- Financial Institutions (banks, brokers, etc)

### To DO:

- Meet with lawyer or executor of will
- Plan Ceremony
- Select and meet with Funeral Director, crematorium
- Provide funeral home with clothing
- Select casket/urn
- Contact Cemetery or Memorial Park
- Select Organist/Singer
- Select & notify Pallbearers
- Order flowers
- Plan reception (pot luck, etc)
- Guest book
- Transportation
- Notify newspaper, write death notice providing vital statistics about the deceased
- Obtain 8-10 copies of Death Certificate (one must be sent to Social Security), send a copy to each requesting entity
- Prepare and sign any necessary papers
- Arrange for out-of-town lodging and or transportation
- Thank you cards
- Answer sympathetic phone calls, messages and letters
- Take care of yourself and find something to wear

### Generally one MUST pay some or all of the following:

- Doctor/nurse
- Hospital
- Medicine & Drugs
- Funeral & Casket/Urn
- Cemetery Lot/Crypt
- Headstone/Plaque
- Church/Clergy
- Memorial(s)
- Telephone/Telegraph
- Florist
- Organist
- Internet Service
- Food
- Transportation

# GUIDELINES FOR SURVIVORS

## Final Disposition Information & Guidelines

My name is: \_\_\_\_\_

When I die, please contact: \_\_\_\_\_

name & relationship

address & phone #

My important papers are located at: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Information for Death Certificate & Filing for Death Benefits

My address is \_\_\_\_\_

Citizen of \_\_\_\_\_ Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Occupation/type of business: \_\_\_\_\_

Veteran of: \_\_\_\_\_

branch of service, service number, rank

date & place entered service date discharged benefits/entitlements

I was:  married  never married  widowed  separated  divorced  remarried

Spouse's full (maiden) name: \_\_\_\_\_

Name of next of kin (other than spouse): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Father's full name and birthplace: \_\_\_\_\_

Mother's maiden name and birthplace: \_\_\_\_\_

Siblings: names and birthplaces: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**Preferences After Death:**

**Autopsy** if doctor or family deems it necessary.

**Donate my body's organs:**  arrangements made on \_\_\_\_\_ with \_\_\_\_\_  
date organization

**Cremation**  scatter ashes: \_\_\_\_\_  
location

Bury container: \_\_\_\_\_

**Funeral Arrangements:**  Simple  No embalming  No public viewing

Least expensive burial or cremation container  Immediate disposition

Bury at: \_\_\_\_\_

**Services:**  memorial (after disposition)  funeral (before disposition)

graveside ceremony at:  my church  mortuary \_\_\_\_\_

Other:

**Memorial gifts to:** \_\_\_\_\_  omit flowers

**I have made pre-arrangements with:** \_\_\_\_\_  
name/address of mortuary

**Additional Disposition Instructions** (Pallbearers, etc.):

**Clergy Information**

Church Name	Phone
Address	
Clergy Person	Religion



# SHTF Legal Documents

**Last Will and Testament**

**Living Will**

**Power of Attorney**

To all whom this may concern;

I \_\_\_\_\_, being of sound mind and body, on this date \_\_\_\_\_ do hereby decree that should there be some kind of large disaster, emergency, hazard or crisis that *prohibits the execution of any of my legal Will, Power of Attorney and or Living Will documents*, that the following should take place:

I ask that my loved ones make every effort to comply with the requests and stipulations of my legal Will, Power of Attorney and or Living Will, whenever possible. However DO NOT do so if this would result in increased risk to life, limb, liberty or freedom.

## **SHTF Will**

If the Creator and authorities allow, please cremate me and spread my ashes over any wilderness area. If the disposition of my body is out of your control, do not fret, just say a prayer to God above and live on the way I would have wanted you to.

As for any possessions that I may have, they are to be used to preserve your lives and the ownership/control of them will be by the persons, who remain, jointly:

\_\_\_\_\_ Relation \_\_\_\_\_  
\_\_\_\_\_ Relation \_\_\_\_\_  
\_\_\_\_\_ Relation \_\_\_\_\_  
\_\_\_\_\_ Relation \_\_\_\_\_  
\_\_\_\_\_ Relation \_\_\_\_\_

## **SHTF Living Will**

NO extra ordinary treatments should be taken to prolong my life.  
DO NOT resuscitate if there is less than a 50/50 chance that I will recover in full.  
Make me comfortable, offer pain relief and spiritual guidance and let me pass.

## SHTF Power of Attorney

Goes to the following, who remain, jointly:

	Relation _____
	Relation _____
	Relation _____
	Relation _____
	Relation _____

**Note: The above people are to be considered the Executors to my SHTF Will, Living Will and Power of Attorney.**

**Thank you,**

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please place a copy of this with my other legal Will, Living Will and Power of Attorney documents.

\* Many states will require any documents such as this to be notarized. Check with the requirements in your state.

**Notary Space**

# Business Interests

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of employment: \_\_\_\_\_ Name of immediate supervisor: \_\_\_\_\_

**Sole Proprietor/Partner/Owner of Business:**

Name of business: \_\_\_\_\_

Type of Business:      Sole proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Business partner(s): \_\_\_\_\_

Home address: \_\_\_\_\_ Tel. \_\_\_\_\_

Partnership agreement?    Yes \_\_\_\_\_ No \_\_\_\_\_ Date Filed: \_\_\_\_\_

Partnership (Buy-sell agreement) insurance?    Yes \_\_\_\_\_ No \_\_\_\_\_ Date Filed: \_\_\_\_\_

Copies of contracts & policies location: \_\_\_\_\_

Instructions for supervision or sale of business are located at: \_\_\_\_\_

ACCOUNTANT: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_

BUSINESS CONSULTANT: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_

BUSINESS ASSOCIATE: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_

ASSOCIATE: \_\_\_\_\_ Tel. \_\_\_\_\_

Address: \_\_\_\_\_

**Business Property Insurance**

Insurance Company & Address (Name of Local Agent)	Property Insured (Office, Equipment, Furniture, Personal Com-puters & Software, Trucks, Autos, etc.)	Insurance Type	Coverage Amount	Premium	
				Due	Amt.

Insurance Company & Address (Name of Local Agent)	Property Insured (Office, Equipment, Furniture, Personal Com-puters & Software, Trucks, Autos, etc.)	Insurance Type	Coverage Amount	Premium	
				Due	Amt.

**Additional Notes on Business Documents**

**Confidential**  
**Important Documents**







# Family Yellow Pages

Business Type: \_\_\_\_\_

Name:	Phone #:
Address:	
Website:	Email:
Notes:	
Name:	Phone #:
Address:	
Website:	Email:
Notes:	
Name:	Phone #:
Address:	
Website:	Email:
Notes:	
Name:	Phone #:
Address:	
Website:	Email:
Notes:	
Name:	Phone #:
Address:	
Website:	Email:
Notes:	
Name:	Phone #:
Address:	
Website:	Email:
Notes:	
Name:	Phone #:
Address:	
Website:	Email:
Notes:	

Confidential  
Important Documents

# (ARI) Adult Identification and Registration Sheet

Last Updated: \_\_\_/\_\_\_/\_\_\_

Name:	Nickname:
Date of Birth:	Social Security #:

## Identifying Marks

Birthmarks (moles/dimples):	
Scars/Tattoos:	Glasses/Contacts:
Skin Tone:	Languages Spoken: Primary Other:
Voice Tone & Pattern (slow, stutters, drawl, etc):	
Personality Pattern (nervous, hyper, shy, etc):	
Habits (hair pulling, nail biting, etc):	

## Family Situation/Quick Medical Reference

Marital Status:	Spouse:
Children (Name & Ages):	
Emergency Contact (Name & Phone):	
Nearest Relative (Name, Address, Phone):	
Physician (primary) (Name, Address, Phone):	
Blood Type:	Allergies:
X-rays Available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Where:

## Closest Friends

Name	Address	Phone

**Comments**


**Fingerprints**

Right Thumb	Right Index	Right Middle	Right Ring	Right Little
Left Thumb	Left Index	Left Middle	Left Ring	Left Little

**Photo or Copy of Drivers License**

# (CRI) Child Identification and Registration Sheet

Last Updated: \_\_\_/\_\_\_/\_\_\_

Name:	Nickname:
Date of Birth:	Social Security #:
School:	Grade:
Day Care:	Previous School:

## Identifying Marks

Birthmarks (moles/dimples):	
Scars/Tattoos:	Glasses/Contacts:
Skin Tone:	Languages Spoken: Primary: Other:
Voice Tone & Pattern (slow, stutters, drawl, etc):	
Personality Pattern (nervous, hyper, shy, etc):	
Habits (thumb sucking, nail biting, etc):	

## Family Situation/Quick Medical Reference

Single Parent <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody Situation:
Siblings (Name & Ages):	
Emergency Contact (Name & Phone):	
Mother (Name, Address, Phone):	
Father (Name, Address, Phone):	
Blood Type:	Allergies:
Physician (primary) (Name, Address, Phone):	
X-rays Available: <input type="checkbox"/> Yes <input type="checkbox"/> No	Braces/Appliances:

## Closest Friends

Name	Address	Phone

Comments, Finger Prints and Photo on next page

**Comments**


**Fingerprints**

Right Thumb	Right Index	Right Middle	Right Ring	Right Little
Left Thumb	Left Index	Left Middle	Left Ring	Left Little

**Photo**

*Confidential*  
*Important Documents*

# Inventory - Attic Storage

Box #	Location:
Contents:	
Box #	Location:
Contents:	
Box #	Location:
Contents:	
Box #	Location:
Contents:	

**Confidential**  
**Important Documents**

# Inventory - Basement Storage

Box #	Location:
Contents:	
Box #	Location:
Contents:	
Box #	Location:
Contents:	
Box #	Location:
Contents:	

**Confidential**  
**Important Documents**

# Inventory - Garage Storage

Box #	Location:
Contents:	
Box #	Location:
Contents:	
Box #	Location:
Contents:	
Box #	Location:
Contents:	

Confidential  
Important Documents



Inventory - \_\_\_\_\_ Storage

Box #	Location:
Contents:	
Box #	Location:
Contents:	
Box #	Location:
Contents:	
Box #	Location:
Contents:	

Confidential  
Important Documents









	skirts			
	shoes			
	belts, ties & accessories			

## Bathrooms

Quantity	Item	Serial #	Year Purchased	Cost
	clothes hamper			
	curtains			
	electrical appliances			
	scale			
	shower curtains			
	linend			
	toilet articles			
	pictures			

## Garage/Attic/Basement/Shed

Quantity	Item	Serial #	Year Purchased	Cost
	furniture			
	luggage/trunks			
	sports equipment			
	toys/games			
	boats			
	trailers			
	heater dehumidifer			
	ornamental lawn items			
	lawn mower			
	shovels			
	spreaders			
	sprinklers/hoses			
	snow blower			
	garden tools/supplies			
	ladder/step stools			
	work bench			
	carpentry tools/supplies			









## Food Concerns

Despite the fact that 'USDA Certified Organic' is one of the *weakest* set of organic laws internationally, it is still better to purchase USDA Organic than anything else, if you wish to avoid added chemicals, etc.

Here is a list of common foods riddled with chemicals; pesticides, herbicides, additives (growth hormones, antibiotics, dyes) or are scientifically DNA modified.

Item	Chemicals Pesticides/Herbicides	GMO	Notes:
Alfalfa		X	Used to feed cattle (meat and dairy)
Apples	X		Top dirtiest produce items in 2012 & 2013
Aspartame	X	X	This is a food additive that is a scientifically DNA modified chemical and is in a ton of food stuffs, including meat and poultry.
Beans, Green	X		Top dirtiest produce items in 2012
Beet, Sugar		X	Used in making sugar from other than sugar cane
Blueberries	X		Top dirtiest produce items in 2012 A Recent study found that 28% of frozen blueberry samples had detectable concentrations of pesticide residue, which has been linked to ADHD In kids.
Canola		X	
Cantaloupe		X	
Celery	X		Top dirtiest produce items in 2012 & 2013 Celery Is one of dirtiest vegetables and has the highest percentage testing positive for pesticides. It doesn't have a protective skin so the chemicals used during production don't wash off easily.
Cherry	X		Top dirtiest produce items in 2013
Corn		X	Human consumption, feed for livestock (cattle both meat and dairy) and making fructose (a form of sugar)
Cotton		X	
Cucumbers	X		Top dirtiest produce items in 2013
Dairy		X	From cattle feed growth hormones, antibiotics and GM feed. Non-organic Dairy products may come from cows fed genetically modified corn, soy and antibiotics. Plus, There is evidence that organic milk has higher levels of omega-3 fatty acids.
Flax		X	
Grapes	X		Top dirtiest produce items in 2012 & 2013
Greens, Collards	X		Top dirtiest produce items in 2013
Greens, Kale	X		Top dirtiest produce items in 2012 & 2013 In Addition to being doused in pesticides to ward of insects, leafy greens that grow along the ground like spinach, kale and lettuce drink up pesticide---laden water.
Greens, leafy	X		In Addition to being doused in pesticides to ward of insects, leafy greens that grow along the ground like spinach, kale and lettuce drink up pesticide---laden water.
Greens, Lettuce	X		Top dirtiest produce items in 2012 In Addition to being doused in pesticides to ward of insects,

Item	Chemicals Pesticides/Herbicides	GMO	Notes:
			leafy greens that grow along the ground like spinach, kale and lettuce drink up pesticide--laden water.
Greens, Spinach	X		Top dirtiest produce items in 2012 & 2013 In Addition to being doused in pesticides to ward of insects, leafy greens that grow along the ground like spinach, kale and lettuce drink up pesticide--laden water.
Nectarines (imported)	X		Top dirtiest produce items in 2012 & 2013
Papaya		X	
Peaches	X		Top dirtiest produce items in 2012 & 2013 Peaches Are particularly susceptible to pesticides because farmers spray peaches when they are young and small allowing the pesticides to stay inside the fruit as it grows.
Peppers, Bell- Sweet Bell	X		Top dirtiest produce items in 2012 & 2013 These Vegetables are like sponges, absorbing the chemicals through their skin. You won't be able to reduce chemical ingestion by washing or peeling them.
Peppers, Hot	X		Top dirtiest produce items in 2013
Plum		X	
Potatoes	X	X	Top dirtiest produce items in 2012 & 2013 Before Potatoes are even planted the soil is treated with insect icides to kill bugs. Then Potato seeds are drenched with fungicide to prevent plight. Not to mention that most commercial potatoes (including yam and sweet) are irradiated to prevent the eyes from sprouting. (If you attempt to root one of these irradiated potatoes to grow your own, the eyes that do produce 'roots' or offspring are often sterile.)
Radicchio		X	
Rice		X	
Salmon	X	X	Red dye is used to make salmon pink. It is only naturally pink when it is spawning. In late 2012 the USDA/FDA approved GM salmon for fish farmers.
Soy		X	
Soybeans		X	
Squash		X	
Squash, Summer	X		Top dirtiest produce items in 2013
Squash, Yellow		X	
Squash, Zucchini	X	X	Top dirtiest produce items in 2013
Strawberries	X		Top dirtiest produce items in 2012 & 2013 Strawberries Grow low to the ground, which requires a high dose of pesticides to keep bugs that live in the soil away. They Have thin skins that absorb chemicals and allow pesticides to permeate the entire berry.
Sugar		X	Made from sugar beets or corn fructose
Tomatoes	X	X	Top dirtiest produce items in 2013
Wheat		X	

Next is a Master Shopping List. You can use this as a guide on what to consider for any food and emergency storage ideas.

# Master Shopping List

<b>Dairy &amp; cheese or substitutes</b>	<b>Refrigerated &amp; Frozen items</b>
<input type="checkbox"/> Butter, Margarine, Almond Butter, Soy butter, Soy Margarine <input type="checkbox"/> Cheese <input type="checkbox"/> Cheese, Bleu <input type="checkbox"/> Cheese, Cheddar <input type="checkbox"/> Cheese, Cottage <input type="checkbox"/> Cheese, Cream <input type="checkbox"/> Cheese, Feta <input type="checkbox"/> Cheese, Goat <input type="checkbox"/> Cheese, Lunch <input type="checkbox"/> Cheese, Mozzarella <input type="checkbox"/> Cheese, Parmesan <input type="checkbox"/> Cheese, Provolone <input type="checkbox"/> Cheese, Ricotta <input type="checkbox"/> Cheese, Sandwich slices <input type="checkbox"/> Cheese, Swiss <input type="checkbox"/> Cream / Soy creamer <input type="checkbox"/> Cream, Half & half <input type="checkbox"/> Cream, Heavy <input type="checkbox"/> Cream, Sour <input type="checkbox"/> Cream, Whipped <input type="checkbox"/> Hummus <input type="checkbox"/> Milk / Almond , Rice , Soy milk <input type="checkbox"/> Whipped topping <input type="checkbox"/> Yogurt / Soy yogurt <input type="checkbox"/> Dairy & cheese or substitutes _____ <input type="checkbox"/> Dairy & cheese or substitutes _____ <input type="checkbox"/> Dairy & cheese or substitutes _____ <input type="checkbox"/> Dairy & cheese or substitutes _____	<input type="checkbox"/> Breads, Ready-bake <input type="checkbox"/> Chip dip <input type="checkbox"/> Dinner roll dough <input type="checkbox"/> Eggs, Egg substitute <input type="checkbox"/> Eggs, Free-range <input type="checkbox"/> Juice, Fruit <input type="checkbox"/> Tofu <input type="checkbox"/> Refrigerated items _____ <input type="checkbox"/> Refrigerated items _____ <input type="checkbox"/> Breakfasts, Veggie <input type="checkbox"/> Burgers, Veggie <input type="checkbox"/> Burritos, Veggie <input type="checkbox"/> fruit <input type="checkbox"/> Ice cream / Soy I.C. <input type="checkbox"/> pastry, Phyllo / Puff <input type="checkbox"/> pizza , French bread <input type="checkbox"/> Pizzas, Veggie <input type="checkbox"/> Popsicles <input type="checkbox"/> Potato, Fries / Tater tots <input type="checkbox"/> Prepared meals <input type="checkbox"/> Ravioli or tortellini <input type="checkbox"/> Sorbet <input type="checkbox"/> Vegetables <input type="checkbox"/> Yogurt, Frozen <input type="checkbox"/> Frozen _____ <input type="checkbox"/> Frozen _____ <input type="checkbox"/> Frozen _____ <input type="checkbox"/> Frozen _____
<b>Fresh Vegetables</b>	<b>Fresh Vegetables (cont)</b>
<input type="checkbox"/> Artichoke <input type="checkbox"/> Arugula <input type="checkbox"/> Asparagus <input type="checkbox"/> Bamboo shoots <input type="checkbox"/> Beets <input type="checkbox"/> Bok choy <input type="checkbox"/> Broccoli <input type="checkbox"/> Brussels sprouts <input type="checkbox"/> Cabbage	<input type="checkbox"/> Turnips / Parsnips <input type="checkbox"/> Water chestnuts <input type="checkbox"/> Watercress <input type="checkbox"/> Zucchini <input type="checkbox"/> Fresh vegetables _____ <input type="checkbox"/> Fresh vegetables _____ <input type="checkbox"/> Fresh vegetables _____ <input type="checkbox"/> Fresh vegetables _____
	<b>Fresh Fruits</b>

- Carrots
- Carrots, Baby
- Cassava
- Cauliflower
- Celery
- Chard
- Collard greens
- Corn
- Cucumber
- Daikon
- Eggplant
- Endive
- Garlic
- Jicama
- Kale
- Kohlrabi
- lettuce , Romaine
- Lettuce / Greens
- Lettuce, Crisphead
- Lettuce, Leaf
- Mushrooms
- Nopales
- Okra
- Onions
- Peas
- Peppers
- Peppers, Bell
- Peppers, Hot
- Potatoes
- Potatoes, Sweet
- Radicchio
- Radishes
- Salad fixings
- Shallots / Leeks
- Spinach
- Sprouts
- Squash
- Taro
- Tomatillo
- Tomatoes

- Apples
- Apricots
- Avocados
- Bananas
- Berries
- Blackberries
- Cantelope
- Cherries
- Cranberries
- Dates / Figs
- Fruits of choice
- Grapefruit
- Grapes
- Guava
- Honeydew / Muskmelon
- Kiwis
- Kumquats
- Lemons / Limes
- Limes
- Lychee
- Mango
- Mangosteen
- Melon
- Nectarines
- Oranges
- Papaya
- Peaches
- Pears
- Pineapple
- Plantains
- Plums
- Pomegranate
- Quince
- Raspberries
- Strawberries
- Watermelon
- Fresh fruits\_\_\_\_\_
- Fresh fruits\_\_\_\_\_
- Fresh fruits\_\_\_\_\_
- Fresh fruits\_\_\_\_\_

## Meat, Poultry, Seafood, Protein

- Bacon / Sausage
- Beef
- Beef, Ground
- Catfish
- Chicken
- Chicken , Bone-in breasts
- Chicken , Boneless breasts
- Crab
- Ham / Pork
- Hot dogs, Veggie Dogs
- Lobster
- Lunchmeat
- Meats, Lunch
- Mussels
- Oysters
- Pork chops , Boneless
- Salmon
- Shrimp
- Tilapia
- Tuna
- Turkey
- Turkey, Ground

### **Canned foods**

- Canned , Applesauce
- Canned , beans , Black or refried
- Canned , Beans, Baked
- Broth, Beef, Chicken, Vegetable
- Meat - Chicken
- Chili
- Fruits
- Meat - Seafood
- Olives
- pasta , Spaghetti or your favorite dried pasta
- Pesto
- Soup
- Taco kit
- Tomato paste
- Tomato sauce

- beans , Cannellini
- Beans, Black
- Beans, Kidney
- Beans, Mung
- Beans, Pinto
- Beans, Red
- Beans, Black-eyed peas
- Beans, Chickpeas
- Beans, Edamame
- Beans, Fava
- Beans, Lentils
- Beans, Lima
- Beans, Navy
- Beans, Split Peas
- Beans, White
- Beans\_\_\_\_\_
- Beans\_\_\_\_\_
- TVP - Textured Vegetable Protein
- Meat, Poultry, Seafood, Protein\_\_\_\_\_
- Meat, Poultry, Seafood, Protein\_\_\_\_\_
- Meat, Poultry, Seafood, Protein\_\_\_\_\_
- Meat, Poultry, Seafood, Protein\_\_\_\_\_

### **Beverages**

- Beer
- Champagne
- Club soda / Tonic
- Coffee / Filters
- Gin
- Juice
- Kombucha
- Liquor
- Mixers
- Rum
- Saké
- Soda pop
- Sports drink
- Tea
- Vodka

- Tomatoes
- tomatoes , Crushed canned
- Tuna
- Vegetables, canned
- Canned foods \_\_\_\_\_
- Canned foods \_\_\_\_\_
- Canned foods \_\_\_\_\_
- Canned foods \_\_\_\_\_

- Water, Electrolyte
- Whiskey
- Wine
- Wine, Cooking
- Beverages \_\_\_\_\_
- Beverages \_\_\_\_\_
- Beverages \_\_\_\_\_
- Beverages \_\_\_\_\_

**Baked, Breads & Wraps**

- Bagels / Croissants
- Bread, Fresh
- bread, Loaf of whole grain
- Bread, Pita
- Bread, Sliced
- Buns / Rolls
- Cake / Cookies, fresh
- Donuts / Pastries, fresh
- English muffins
- Pie, fresh
- pizza crust , Boboli
- rolls for deli-type sandwiches
- Tortillas
- Baked goods \_\_\_\_\_
- Baked goods \_\_\_\_\_
- Baked goods \_\_\_\_\_
- Baked goods \_\_\_\_\_

**Baking items**

- Baking powder / Soda
- Bread crumbs
- Cake / Brownie mix
- Cake icing / Decorations
- Chocolate chips / Cocoa
- Flour
- Shortening, Lard / Tallow / Vegetable
- Stevia
- Sugar, Sugar substitute
- Yeast
- Yeast, Nutritional
- Baking \_\_\_\_\_
- Baking \_\_\_\_\_
- Baking \_\_\_\_\_
- Baking \_\_\_\_\_

**Grains, Nuts, Seeds**

- Amaranth
- Barley
- Buckwheat
- Bulgar
- Cornmeal
- Couscous
- Millet
- Oatmeal
- Quinoa
- Rice
- Rice, White
- Rice, Brown
- Rice, Wild

- Nuts, Almonds
- Nuts, Brazil
- Nuts, Cashews
- Nuts, Chestnuts
- Nuts, Macadamia
- Nuts, Mixed
- Nuts, Peanuts
- Nuts, Pecans
- Nuts, Pine & Pinon
- Nuts, Pistachios
- Nuts, Walnuts
- Nuts \_\_\_\_\_
- Nuts \_\_\_\_\_

- Sorghum
- Wheat
- Wheat gluten (Seitan)
- Grains \_\_\_\_\_
- Grains \_\_\_\_\_
- Grains \_\_\_\_\_
- Grains \_\_\_\_\_

- Seeds, Flax
- Seeds, Lotus
- Seeds, , Pumpkin
- Seeds, , Sunflower
- Seeds \_\_\_\_\_
- Seeds \_\_\_\_\_

Herbs, Spices	Condiments, Sauces
<ul style="list-style-type: none"> <li><input type="checkbox"/> Allspice</li> <li><input type="checkbox"/> Anise</li> <li><input type="checkbox"/> Basil</li> <li><input type="checkbox"/> Bay leaf</li> <li><input type="checkbox"/> Celery seed</li> <li><input type="checkbox"/> Chili powder</li> <li><input type="checkbox"/> Chives</li> <li><input type="checkbox"/> Cilantro</li> <li><input type="checkbox"/> Cinnamon</li> <li><input type="checkbox"/> Clove</li> <li><input type="checkbox"/> Coriander</li> <li><input type="checkbox"/> Cumin</li> <li><input type="checkbox"/> Dill</li> <li><input type="checkbox"/> Fennel</li> <li><input type="checkbox"/> Garlic</li> <li><input type="checkbox"/> Ginger</li> <li><input type="checkbox"/> Lavender</li> <li><input type="checkbox"/> Lemongrass</li> <li><input type="checkbox"/> Marjoram</li> <li><input type="checkbox"/> Mint</li> <li><input type="checkbox"/> Nutmeg</li> <li><input type="checkbox"/> Oregano</li> <li><input type="checkbox"/> Paprika</li> <li><input type="checkbox"/> Parsley</li> <li><input type="checkbox"/> Pepper, Black</li> <li><input type="checkbox"/> Pepper, Cayenne</li> <li><input type="checkbox"/> Pepper, Red</li> <li><input type="checkbox"/> Peppermint</li> <li><input type="checkbox"/> Poppy seed</li> <li><input type="checkbox"/> Rosemary</li> <li><input type="checkbox"/> Saffron</li> <li><input type="checkbox"/> Sage</li> <li><input type="checkbox"/> Salt, Sea Salt, Veggie Salt, Salt Substitute</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agave nectar</li> <li><input type="checkbox"/> BBQ sauce</li> <li><input type="checkbox"/> Gravy</li> <li><input type="checkbox"/> Harissa</li> <li><input type="checkbox"/> Honey</li> <li><input type="checkbox"/> Hot sauce</li> <li><input type="checkbox"/> Jam / Jelly / Preserves</li> <li><input type="checkbox"/> Ketchup / Mustard</li> <li><input type="checkbox"/> Mayonnaise product</li> <li><input type="checkbox"/> Pasta sauce</li> <li><input type="checkbox"/> Peanut butter</li> <li><input type="checkbox"/> Ponzu</li> <li><input type="checkbox"/> Relish</li> <li><input type="checkbox"/> Salad dressing</li> <li><input type="checkbox"/> Salsa</li> <li><input type="checkbox"/> Soy sauce</li> <li><input type="checkbox"/> Sriracha</li> <li><input type="checkbox"/> Steak sauce</li> <li><input type="checkbox"/> Stir fry sauce</li> <li><input type="checkbox"/> syrup , Brown rice</li> <li><input type="checkbox"/> Syrup, Maple</li> <li><input type="checkbox"/> Worcestershire sauce / Veg. Worcestershire</li> <li><input type="checkbox"/> Condiments &amp; Sauces _____</li> <li><input type="checkbox"/> Condiments &amp; Sauces _____</li> <li><input type="checkbox"/> Condiments &amp; Sauces _____</li> <li><input type="checkbox"/> Condiments &amp; Sauces _____</li> <li><input type="checkbox"/> Oil, Olive</li> <li><input type="checkbox"/> Oil, Sesame</li> <li><input type="checkbox"/> Oil, Vegetable</li> <li><input type="checkbox"/> Oil _____</li> <li><input type="checkbox"/> Vinegar, Red wine</li> <li><input type="checkbox"/> Vinegar, Apple cider</li> <li><input type="checkbox"/> Vinegar, Balsamic</li> </ul>



- Spearmint
- Tarragon
- Vanilla / Vanilla extract
- Herbs and spices \_\_\_\_\_
- Herbs and spices \_\_\_\_\_

- Vinegar, Rice
- Vinegar, White
- Vinegar \_\_\_\_\_

**Various groceries**

- Bouillon cubes
- Cereal
- Chai
- Lemon / Lime juice
- Liquid smoke flavor
- Mac & cheese
- Packaged meals
- Pancake / Waffle mix
- Pasta
- Pickles
- Potatoes, Instant
- Tahini
- Tempeh
- Various groceries \_\_\_\_\_
- Various groceries \_\_\_\_\_

**Snacks**

- Candy / Gum
- Cookies
- Crackers
- Dried fruit / Trail mix
- Granola / Cereal bars
- Nuts / Seeds
- Popcorn
- Potato / Corn chips
- Pretzels
- Prunes / Raisins
- Tortilla chips
- Snacks \_\_\_\_\_
- Snacks \_\_\_\_\_
- Snacks \_\_\_\_\_
- Snacks \_\_\_\_\_

**Personal care & Medicine**

- Antiperspirant / Deodorant
- Bubble Bath
- Contraception, Condoms, Protection
- Cosmetics
- Cotton swabs / Balls
- Facial cleanser
- Facial tissue
- Feminine products
- Floss
- Hair gel, Spray
- Lip balm
- Moisturizing lotion
- Mouthwash
- Q-Tips
- Razors

- Allergy
- Antacid
- Anti diarrheal
- Antibiotic , cream / salve
- Band-aids / Medical
- Cold / Flu / Sinus
- Pain & Fever Reliever plus Anti-Inflammatory, Aspirin (Bayer)
- Pain & Fever Reliever plus Anti-Inflammatory, Ibuprofen (Mortrin)
- Pain & Fever Reliever plus Anti-Inflammatory, Naproxen Sodium (Aleve)
- Pain & Fever Reliever, Acetaminophen (Tylenol)
- Pain Reliever, Specific (Siatica, BackAid, etc)
- Prescription pick-up
- Medicine \_\_\_\_\_
- Medicine \_\_\_\_\_
- Sunblock

- Shampoo / Conditioner
- Shaving cream
- Soap, Bath
- Soap, Body
- Soap, Hand

- Toilet paper
- Toothpaste
- Vitamins, Supplements
- Personal care \_\_\_\_\_
- Personal care \_\_\_\_\_

**Baby Stuff**

- Baby food
- Baby wash
- Diapers
- Formula
- Lotion
- Wipes
- Baby stuff \_\_\_\_\_
- Baby stuff \_\_\_\_\_

**Pet Stuff**

- Cat food / Treats
- Cat litter
- Dog food / Treats
- Flea treatment
- Pet shampoo
- Pets \_\_\_\_\_
- Pets \_\_\_\_\_

**Kitchen & Cleaning products**

- Aluminum foil
- Napkins
- Non-stick spray
- Paper towels
- Plastic wrap
- Sandwich / Freezer bags
- Wax paper
- Kitchen \_\_\_\_\_
- Kitchen \_\_\_\_\_

- Air freshener
- Bathroom cleaner
- Bleach / Detergent
- Dish / Dishwasher soap
- Garbage bags
- Glass cleaner
- Mop head / Vacuum bags
- Sponges / Scrubbers
- Cleaning products \_\_\_\_\_
- Cleaning products \_\_\_\_\_

**Other stuff**

- Automotive
- Batteries
- Charcoal, Charcoal Lighter, Propane
- Flowers
- Greeting card (birthday, anniversary, holiday, etc)
- Insect repellent
- Light bulbs
- Newspaper / Magazine
- Random impulse buy
- Other stuff \_\_\_\_\_
- Other stuff \_\_\_\_\_

**Office & School supplies**

- CDRs / DVDRs
- Glue / Tape
- Notebook paper
- Notepad / Envelopes
- Pens / Pencils
- Postage stamps
- Printer ink/toner
- Printer paper
- Staples, stapler
- Office supplies \_\_\_\_\_
- Office supplies \_\_\_\_\_

**Carcinogens**

(unfortunately we need these sometimes)

- Arsenic
- Asbestos
- Cigarettes
- Radionuclides
- Tobacco
- Vinyl chloride

**Confidential**  
**Important Documents**

Several styles of section dividers follow and then there are a couple of landscape forms/signs (Help, OK, Evacuated, Personal Firearm Record, Emergency Information Sheet, List of Current Medications, Phone Log, Keepsake Inventory, etc).

**Confidential**

**Important Documents**



Preparedness



# Home Preparedness





# Home & Food Preparedness

(cut out and place on spine of binder)

**Confidential**  
**Important Documents**

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# Family

# Finances





# Food Storage



- Grains
- Legumes
- Milk
- Sugars
- Fats & Oils
- Misc.

# Inventory & Calculations



1 2 3 4 5 6 7 8 ...

# Water Storage





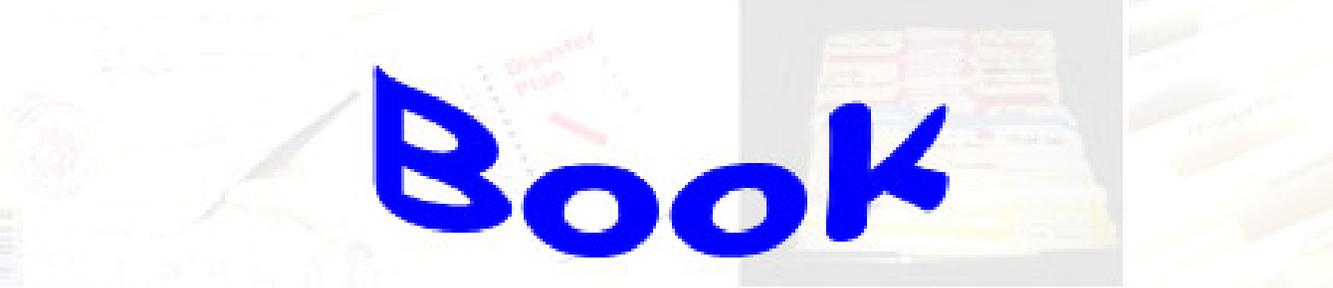
# Crisis Preparedness



Grab'n'GO



# Important Information



# Book



# Our Plan

**Crisis List** (selected, moderated)

**Per Crisis Needs Lists**

**Acquire List** (needs, knowledge, skills)

**Who, What, When, Where Schedule & Map**

**Capability/Competency List** (knowledge & skills)

**School/Workplace Disaster Policies**

**Local/State/National Disaster Policies**

**Neighborhood/Group Plan**



# Communication

## Household Contact Information

### Important Phone Numbers

(relatives, friends, insurance, physician, pharmacy, school, work, school, financial, veterinarian, etc)



# Checklists



# Important Documents

Photo Copies





# Important Documents

ID, social security card, drivers license, passport, military ID, child/adult identification/registration information, pet identification,

## Identification Papers



# Important Documents

physician(s), dentist, eye doctor,  
pharmacy, RX, brief medical  
history, etc

## Medical/Dental Information



# Important Documents

[ life, health, vehicle, property, etc ]

## Insurance Information



# Important Documents

[ budget, banking, loan, stock,  
bond, annuities, tax returns, etc ]



## Financial Information



# Important Documents

[ mortgage, deeds, surveys,  
rentals, etc ]

## Real Estate Information



# Important Documents

LLC, partnership, tax returns,  
employees, lease agreements,  
payroll, etc

## Business Information



# Important Documents

will, permission, etc

"In Case of Emergency" Documents



# Important Documents

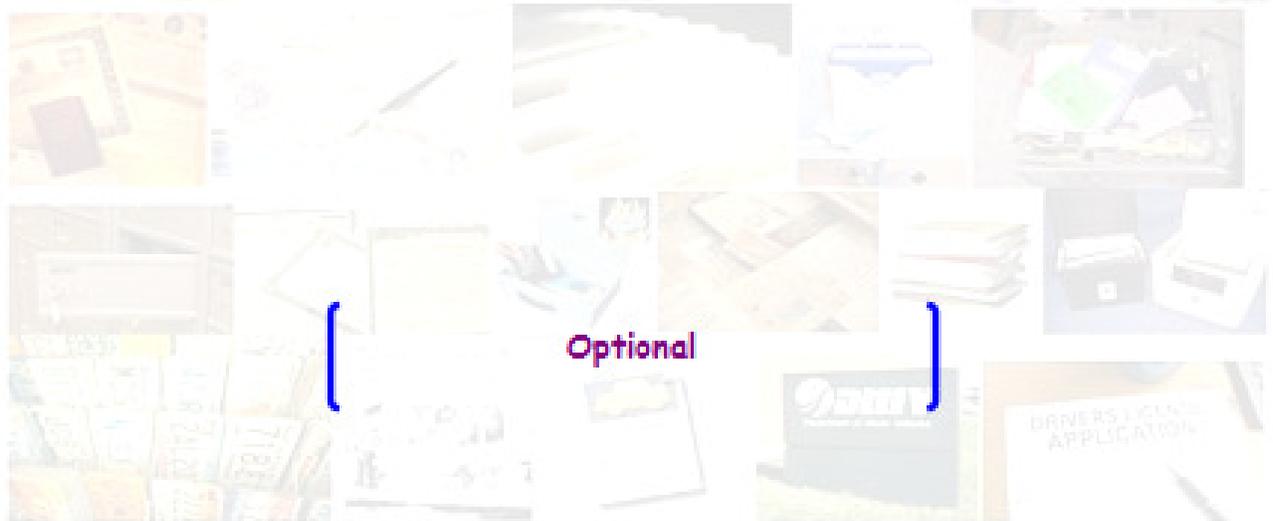
ID's, veterinarian, registration  
papers, transportation, etc

## Animals, Pets & Livestock Information





# Important Documents



# Family History/Tree Information

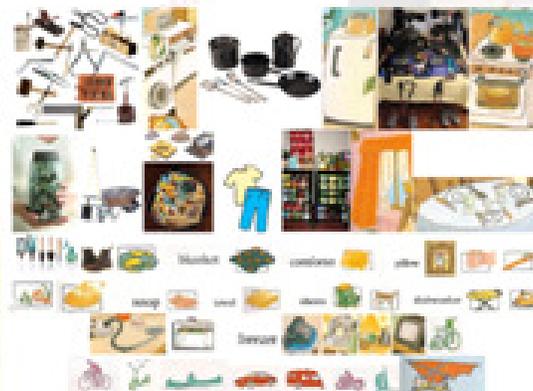


# Important Documents

possessions, collectibles,  
insurance appraisals, pictures, etc

Hint: Use a large clasp envelope (punch holes  
for the binder) to hold this information.

# Physical Inventory



# Important Documents

Goods - consumable & reusable

Home

Food & Supply Storage

Individual

Vehicle(s)

School/Work

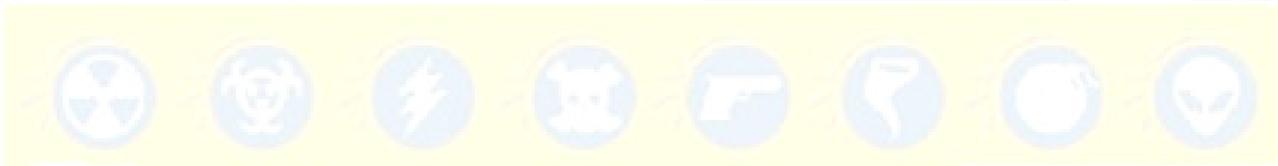
# Emergency Supplies



# Important Documents



# Food/Water Storage & Calculations





# Important Documents

- Help
- OK
- Evacuated
- Permanent Marker
- Poster Paint
- Duct Tape/Tacks
- Public Shelter/Evac Center Forms

# Special & Misc Forms/Signs

The collage features several key forms and signs:

- HELP**: A red square sign with white text.
- Evacuated**: A form with a title and several lines for handwritten information.
- OK**: A green square sign with white text.
- DRIVER'S LICENSE APPLICATION**: A form with a title and various fields.
- Public Shelter/Evac Center Forms**: A form with a table structure for recording shelter status.

PUBLIC SHELTER/EVAC CENTER FORMS			
DATE	ROOM	NO. OCCUPANTS	STATUS

TELEPHONE LOG			
DATE	ROOM	CALLER	PHONE NUMBER

# Important Documents

List what you need here



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Imports**

(fold or cut out to fit in spine of binder)





**Con**  
**Important**

**Essential**  
**Documents**

(fold or cut out to fit in binder spine)

organizedhome.com



# household notebook

**Confidential**

**Important Documents**

In case of disaster, display sign this side out in front window of house or vehicle if you DO NOT require assistance.



Ministry of Public Safety and Solicitor General

OK

For use in a disaster such as earthquake, fire, flood, or storm.

AG01029  
rev. 02/2002

In case of disaster, display sign this side out in front window of house or vehicle if you DO require assistance.



Ministry of Public Safety and Solicitor General



# HELP

For use in a disaster such as earthquake, fire, flood, or storm.

# Evacuated

Names of evacuees:

---

---

Evacuated on (date)\_\_\_\_\_

Going to (destination)\_\_\_\_\_

By way of (mode/route)\_\_\_\_\_

Contact us at (cell #/email)\_\_\_\_\_







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**Confidential**  
**Important Documents**

MY INFORMATION						
Name	Address	Home Phone	Mobile Phone	Email		
Work	Address	Phone	Days/Hours	Email		
Allergies – Medications - Health Conditions						
Blood Type	Allergies	Health Conditions		Medications		
Medical Insurance Provider	Physician name	Phone	Address			
EMERGENCY CONTACTS						
Primary Contact Name	Address	Phone	Mobile Phone	Work Phone	Email	
Family Name	Address	Phone	Mobile Phone	Work Phone	Email	
Nearest Neighbor Name	Address	Phone	Mobile Phone	Work Phone	Email	
Other Local Name	Address	Phone	Mobile Phone	Work Phone	Email	
Out of State Name	Address	Phone	Mobile Phone	Work Phone	Email	
FAMILY RENDEVOUS LOCATIONS						
Location 1. Right outside your home	Meeting Place:	Address:	Phone	Driving/Walking route(s):		
Location 2. Away from the neighborhood, in case you cannot return home:	Meeting Place:	Address:	Phone	Driving/Walking route(s):		
PET IDENTIFICATION		I have pets in my home. <small>In case of emergency, please contact the caregivers listed on this card to make sure my pets are taken care of.</small>		Veterinarian	Address:	Phone
Pet's Name 1:	Type of Animal 1:	Special Needs 1:	Pet's Name 2:	Type of Animal 2:	Special Needs 2:	
Pet's Name 3:	Type of Animal 3:	Special Needs 3:	Pet's Name 4:	Type of Animal 4:	Special Needs 4:	
PUBLIC EMERGENCY NUMBERS		Police: Call 9-1-1 or	Fire Dept.: Call 9-1-1 or	Ambulance: Call 9-1-1 or	Poison Control Center: 800-222-1222	
<p><b>ASSESS IMMEDIATELY</b></p> <p><b>Food</b></p> <p><b>Water</b></p> <p><b>Shelter/Clothing</b></p> <p><b>Illness or Injury</b></p> <p><b>Safety/Defense/Security</b></p> <p><b>Where</b></p>						



A complete description of each firearm is vitally important to law enforcement in the investigation and recovery of your firearm and to your ability to prove ownership.

Immediately report any theft or loss of firearms to your local police.

\* Keep this list separate from your firearms to assist police in the event your firearms are ever lost or stolen.

\*\* If you should have a firearm lost or stolen – DO NOT photo copy this page to give to the authorities

ONLY provide the authorities with the information to the firearm that is lost or stolen.

## Inventory – Keepsakes

Keepsakes and collectibles help with our psychological needs and some may also provide a barter/trade value. These items also tend to require a specific kind of storage environment.

To control damage to your keepsakes, refer to the chart below:

	<b>Light</b>	<b>Insects/Mold</b>	<b>Handling</b>	<b>Contaminants</b>	<b>Normal Use</b>	<b>Temperature</b>	<b>Moisture</b>
<b>Paper</b>	High Risk	High Risk	High Risk	High Risk	Some Risk	High Risk	High Risk
<b>Glass and ceramics</b>	Almost no risk	Almost no risk	Some Risk	Some Risk	Some Risk	Some Risk	Almost no risk
<b>Metals</b>	Almost no risk	Almost no risk	Some Risk	High Risk	Some Risk	Some Risk	High Risk
<b>Wood and baskets</b>	High Risk	High Risk	High Risk	High Risk	Some Risk	Some Risk	Some Risk
<b>Textiles, natural</b>	Highest Risk	Highest Risk	High Risk	High Risk	High Risk	Some Risk	High Risk
<b>Textiles, synthetic</b>	Highest Risk	Almost no risk	High Risk	High Risk	High Risk	Some Risk	High Risk
<b>Photos, before 1970</b>	High Risk	High Risk	Some Risk	Some Risk	Some Risk	High Risk	High Risk
<b>Photos - B &amp; W, after 1969</b>	Some Risk	Some Risk	Some Risk	Some Risk	Some Risk	High Risk	High Risk
<b>Photos – color, after 1969</b>	Highest Risk	Some Risk	Some Risk	Some Risk	Some Risk	Some Risk	Some Risk
<b>Film, before 1950</b>	High Risk	Some Risk	Some Risk	Highest Risk	Some Risk	High Risk	Highest Risk
<b>Film, after 1950</b>	High Risk	Almost no risk	Some Risk	Almost no risk	Some Risk	Some Risk	Some Risk
<b>Paintings, Oil</b>	High Risk	Some Risk	High Risk	High Risk	Some Risk	Some Risk	High Risk
<b>Paintings, Acrylic</b>	High Risk	Some Risk	High Risk	High Risk	Some Risk	Highest Risk	High Risk
<b>Paintings, Watercolor</b>	Highest Risk	High Risk	Some Risk	Some Risk	Some Risk	Some Risk	Highest Risk

<b>Drawings, pastels &amp; charcoal</b>	Some Risk	Some Risk	Highest Risk	Some Risk	Some Risk	Some Risk	High Risk
<b>Plastics</b>	High Risk	Almost no risk	Some Risk	High Risk	Some Risk	Highest Risk	Some Risk

**Confidential**  
**Important Documents**

## Inventory – Keepsakes Catalog

Write down each collectible you want to save, what its value is to you, and everything you know about its history. Go to [www.realsimple.com/keepsakes](http://www.realsimple.com/keepsakes) to print out additional copies.

Keepsake	Value to You	History	Location

Confidential  
Important Documents

**Confidential**  
**Important Documents**