

Family Preparedness



Personal

Full name: _____ Date of Birth: _____

Address: _____ Phone: _____

Employer: _____ Employer Phone: _____

Health

Doctor's name: _____ Doctor's Phone number: _____

Doctor's address: _____ Allergies: _____

Medicaid information: _____

Additional information (i.e. criminal history, etc...)

Spouse (if applicable)

Full name: _____ Date of Birth: _____

Address: _____ Phone: _____

Employer: _____ Employer Phone: _____

Health

Doctor's name: _____ Doctor's Phone number: _____

Doctor's address: _____ Allergies: _____

Medicaid information: _____

Additional information (i.e. criminal history, etc...)

Child(ren)

#1

Full name: _____ Date of Birth: _____

Phone (if applicable): _____

Social Security (if applicable): _____



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School

Name: _____ Address: _____

School Phone: _____ Name of Teacher: _____

Additional information: (i.e. extracurricular activities/programs, etc...)

Health

Doctor's name: _____ Doctor's Phone number: _____

Doctor's address: _____ Allergies: _____

Medicaid information: _____

Additional Information: (medical condition(s), medicine, etc...)

#2

Full name: _____ Date of Birth: _____

Phone (if applicable): _____

Social Security (if applicable): _____

School

Name: _____ Address: _____

School Phone: _____ Name of Teacher: _____

Additional information: (i.e. extracurricular activities/programs, etc...)

Health

Doctor's name: _____ Doctor's Phone number: _____

Doctor's address: _____ Allergies: _____

Medicaid information: _____

Additional Information: (medical condition(s), medicine, etc...)

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#3

Full name: _____ Date of Birth: _____

Phone (if applicable): _____

Social Security (if applicable): _____

School

Name: _____ Address: _____

School Phone: _____ Name of Teacher: _____

Additional information: (i.e. extracurricular activities/programs, etc...)

Health

Doctor's name: _____ Doctor's Phone number: _____

Doctor's address: _____ Allergies: _____

Medicaid information: _____

Additional Information: (medical condition(s), medicine, etc...)

Emergency contact (individual who will be responsible to take care of your family)

Full name: _____ Phone: _____

Relationship: _____ Email (if applicable): _____

This person has my basic information (full name, date of birth, etc...) Yes No

This person has the temporary guardianship form Yes No

This person knows where I have saved my documents Yes No

Goods

I have the following goods (Check what applies):

Bank account

If so, name of bank: _____

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Note: Might be worth sharing your account number with the person you've assigned to manage your finances.

Lease
There's a copy of the lease with my other documents Yes No
I have asked my landlord if someone else can take over my lease Yes No
a. If yes, who will it be? _____

Car
There's copy of all the important documents regarding my vehicle with my other documents (i.e. insurance policy, registration, etc...) Yes No

House
There's copy of all the important documents regarding my property with my other documents (i.e. act of sale, mortgage, etc...) Yes No

Business
There's copy of all the important documents regarding my business with my other documents Yes No
I have talked to my lawyer about the future of my business Yes No
a. If yes, name of lawyer: _____ Phone: _____

Emergency contact (individual who will be responsible to manage your goods)

Full name: _____ Phone: _____

Relationship: _____ Email (if applicable): _____

This person has my basic information (full name, date of birth, etc...) Yes No

This person has a letter of power to manage my finances Yes No

This person knows where I have saved my documents Yes No