

FAMILY
EMERGENCY
HANDBOOK

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EMERGENCY CONTACTS AND INFORMATION

FIRE DEPARTMENT # 911 _____ POLICE #
911 _____

LOCATION OF UTILITIES SHUT OFF: ***REFER TO HOME FLOOR PLAN ON PAGE 7***

AMBULANCE _____
HOSPITAL _____

DOCTOR _____ PHONE #

PHARMACY _____ PHONE #

EMERGENCY CONTACTS

RELATIVE / FRIEND _____ PHONE

ADDRESS _____
CELL# _____

RELATIVE / FRIEND _____ PHONE

ADDRESS _____ CELL

EXTRA HOUSE KEY LOCATION

NEIGHBOR(S)

NAME _____
NAME _____

ADDRESS _____
ADDRESS _____

PHONE # _____ CELL # _____ PHONE # _____ CELL

NEIGHBORHOOD CAPTAIN _____ PHONE

NEIGHBORHOOD CAPTAIN ASSISTANT _____ PHONE

BISHOP / CLERGY _____ HOME PHONE #

RELIEF SOCIETY PRES _____ HOME PHONE #

HOME TEACHER _____ HOME PHONE #

HOME TEACHER _____ HOME PHONE #

VISITING TEACHER _____ HOME PHONE #

VISITING TEACHER _____ HOME PHONE #

DENTIST _____ PHONE # _____

ORTHODONTIST _____ PHONE # _____

ALARM COMPANY _____ PHONE # _____

ELECTRICIAN _____ PHONE # _____

PLUMBER _____ PHONE # _____

ALARM COMPANY _____ PHONE # _____

AIR / HEATING CO _____ PHONE # _____

APPLIANCE REPAIR _____ PHONE #

YARD CARE _____ PHONE # _____

GARBAGE PICK UP _____ PHONE # _____

ANIMAL CARE

VETERINARIAN _____ PHONE # _____

ANIMALS _____ TAG # _____

IMMUNIZATION RECORD _____

ANIMALS _____ TAG # _____

IMMUNIZATION RECORD _____

ANIMALS _____ TAG # _____

IMMUNIZATION RECORD _____

ANIMALS _____ TAG # _____

IMMUNIZATION RECORD _____

ANIMALS _____ TAG # _____

IMMUNIZATION RECORD _____

**PLAN WHERE TO MEET IF ANY DISASTER
OR EMERGENCY OCCURS**
**(An out of area contact would be important to list
in case phone lines are compromised in your area)**

Emergency Contacts/Important Phone Numbers

Out of Area contact:

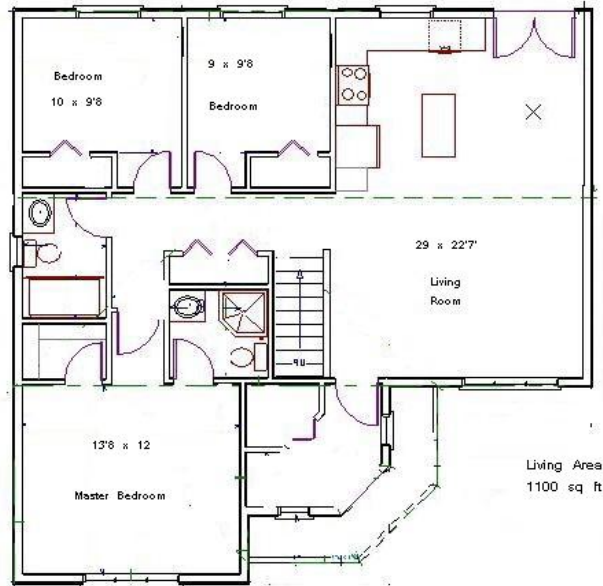
In the event of an emergency our family status can be coordinated through:

Name	Cell/ Phone	Relation	Address

In the event of an emergency where my children need a place to stay, care will be provided for them by the following:

Name	Cell/Phone	Relation	Address

Home Floor Plan



**Each Owned Property
All Levels
Outside and Inside**

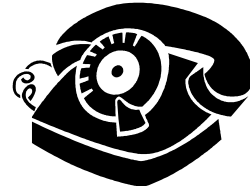
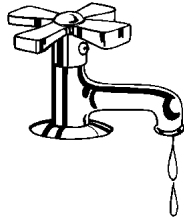
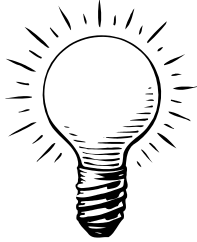
**Water valve, Gas meter, and
Electric meter**

**Sprinkler system turn-off valve
Outside sewer access if any**

**HOUSE FLOOR PLANS AND
EMERGENCY SHUT OFF(S) FOR UTILITIES**

MARK THESE AREAS ON YOUR FLOOR PLAN MAP
(make copy for each property owned)

Home Utilities



Home Utilities
Lights, Gas, Power, Phone, Water
Account numbers,
Emergency numbers

Cell Phone



Your cell phone number(s)
Phone number of Service Provider incase
of lost or stolen cell phone.

Home Utilities

Electric Company _____ Acct. # _____

Name on Account _____ Phone # _____

Gas Company _____ Acct # _____

Name on Account _____ Phone # _____

Water Company _____ Acct # _____

Name on Account _____ Phone # _____

Telephone Company _____ Acct # _____

Name on Account _____ Phone # _____

Cell Phone Company _____ Acct # _____

Name on Account _____ Phone # _____

Alarm Company _____ Acct # _____

Name on Account _____ Phone # _____

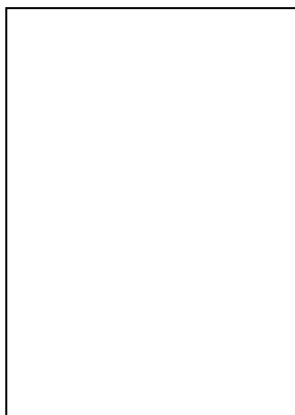
FAMILY

MEMBER

INFORMATION

FAMILY MEMBER INFORMATION: (you can paste photos of each family member here)

FAMILY MEMBER



Name: _____ Blood Type _____

Birth date: _____ Employer or School: _____

Age: _____ Sex: _____

Height: _____ Contact: _____

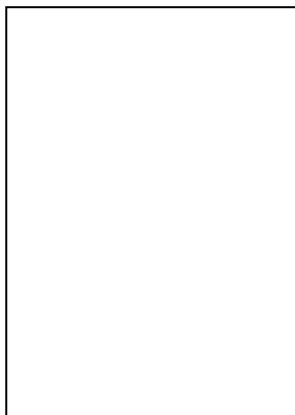
Weight: _____ Phone: _____

Hair Color: _____ Physician: _____

Eye Color: _____ Phone: _____

Medications: _____ Special Medical Conditions: _____

FAMILY MEMBER



Name: _____ Blood Type _____

Birth date: _____ Employer or School: _____

Age: _____ Sex: _____

Height: _____ Contact: _____

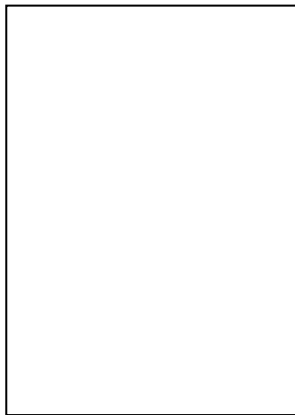
Weight: _____ Phone: _____

Hair Color: _____ Physician: _____

Eye Color: _____ Phone: _____

Medications: _____ Special Medical Conditions: _____

FAMILY MEMBER



Name: _____ Blood Type _____

Birth date: _____ Employer or School: _____

Age: _____ Sex: _____

Height: _____ Contact: _____

Weight: _____ Phone: _____

Hair Color: _____ Physician: _____

Eye Color: _____ Phone: _____

Medications: _____ Special Medical Conditions: _____

FAMILY MEMBER INFORMATION:

FAMILY MEMBER

Name: _____ Blood Type _____

Birth date: _____

Employer or School:

Age: _____ Sex: _____

Height: _____

Contact: _____

Weight: _____

Phone: _____

Hair Color: _____

Physician: _____

Eye Color: _____

Phone: _____

Medications:

Special Medical Conditions:

FAMILY MEMBER

Name: _____ Blood Type _____

Birth date: _____

Employer or School:

Age: _____ Sex: _____

Height: _____

Contact: _____

Weight: _____

Phone: _____

Hair Color: _____

Physician: _____

Eye Color _____

Phone: _____

Medications:

Special Medical Conditions:

FAMILY MEMBER

Name: _____ Blood Type _____

Birth date: _____

Employer or School:

Age: _____ Sex: _____

Height: _____

Contact: _____

Weight: _____

Phone: _____

Hair Color: _____

Physician: _____

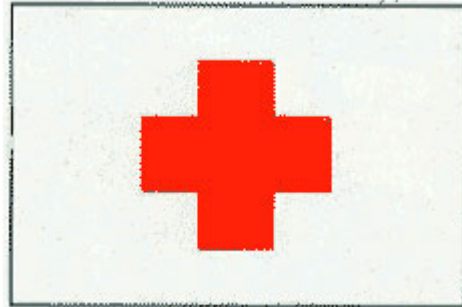
Eye Color: _____

Phone: _____

Medications:

Special Medical Conditions:

MEDICAL



Consent Forms

To Whom It May Concern:

FAMILY
PHYSICIAN
LAWYER

**Consent For Emergency
Treatment and / or Surgery**

(SHOULD HAVE A FORM FOR EACH MEMBER OF FAMILY)

We hereby authorize _____

To consent to medical treatment and / or surgery for our minor child _____

_____ date of birth _____
month day year

effective from _____ date to _____ date.

Signature of Parents /Guardian

Physician _____ Phone # _____

Physician _____ Phone # _____

Physician _____ Phone # _____

Physician _____ Phone # _____

Check with the local hospital to see what is required.

**TO MY FAMILY, MY PHYSICIAN, MY LAWYER,
AND ALL OTHERS WHOM IT MAY CONCERN**
(SHOULD HAVE A COPY FOR EACH ADULT MEMBER OF THE FAMILY)

If the time comes when I can no longer take part in decisions for my own future, let this statement stand as an expression of my wishes and directions, while I am still of sound mind.

If at such a time the situation should arise in which there is no reasonable expectation of my recovery from extreme physical or mental disability, I direct that I be allowed to die and not be kept alive by medication, artificial means or "heroic measures". I do, however, ask that medication be mercifully administered to me to alleviate suffering even though this may shorten my life.

This statement is made after careful consideration and is in accordance with my strong convictions and beliefs. I want the wishes and directions here expressed carried out to the extent permitted by law. Insofar as they are not, legally enforceable. I hope that those to whom this will is addressed will regard themselves as morally bound by these provisions.

Signed _____

Date _____

Witness _____

Witness _____

Copies of this request have been given to _____

PERSON TO NOTIFY UPON MY DEATH

NAME _____

RELATIONSHIP

ADDRESS _____

PHONE #

CELL #

NAME _____

RELATIONSHIP

ADDRESS _____

PHONE #

CELL #

NAME _____

RELATIONSHIP

ADDRESS _____

PHONE #

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CELL # _____

RELATIONSHIP

PHONE #

CELL # _____

PERSONAL INFORMATION AND INSTRUCTIONS FOR FUNERAL AND BURIAL



k0328302 www.fotosearch.com

PERSONAL HISTORY

(SHOULD HAVE A COPY FOR EACH MEMBER OF THE FAMILY)

NAME _____ MAIDEN _____

SINGLE _____ MARRIED _____ WIDOWED _____ DIVORCED _____

DATE OF BIRTH _____ BIRTH PLACE _____
MONTH DAY YEAR

NAME OF SPOUSE _____

ADDRESS _____ PREVIOUS ADDRESS _____

FATHER'S NAME _____

MOTHER'S NAME _____ MAIDEN _____

CHILDREN:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

BROTHERS AND SISTERS

_____	_____
_____	_____
_____	_____
_____	_____

DATE	MAJOR ILLINESS/SURGERY	ATTENDING PHYSICIAN(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____

BLOOD TYPE _____

PRESCRIPTIONS / MEDICATIONS:

SCHOOLS ATTENDED:

_____	_____	_____	_____
HIGH SCHOOL	CITY	STATE	DATE
_____	_____	_____	_____
COLLEGE	CITY	STATE	DEGREE/DATE
_____	_____	_____	_____
OTHER	CITY	STATE	DEGREE/DATE

MISSIONARY SERVICE _____
NAME OF MISSION _____ DATE TO DATE _____

MILITARY SERVICE _____ **SERIAL #** _____
BRANCH _____

ENLISTMENT DATE _____ **DISCHARGE DATE** _____ **RANK** _____
MO DAY YEAR MO DAY YEAR

OCCUPATION _____

EMPLOYER _____ **PHONE #** _____

ADDRESS _____

SPECIAL RECOGNITIONS/ OTHER INFORMATION

PALLBEARERS FOR: _____

NAME _____ ACTIVE ___ HONORARY ___
ADDRESS _____ PHONE _____

NAME _____ ACTIVE ___ HONORARY ___
ADDRESS _____ PHONE _____

NAME _____ ACTIVE ___ HONORARY ___
ADDRESS _____ PHONE _____

NAME _____ ACTIVE ___ HONORARY ___
ADDRESS _____ PHONE _____

NAME _____ ACTIVE ___ HONORARY ___
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NAME _____ ACTIVE ___ HONORARY ___
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NAME _____ ACTIVE ___ HONORARY ___
ADDRESS _____ PHONE _____

NAME _____ ACTIVE ___ HONORARY ___
ADDRESS _____ PHONE _____

NAME _____ ACTIVE ___ HONORARY ___
ADDRESS _____ PHONE _____

PALLBEARERS FOR: _____

NAME _____ ACTIVE ___ HONORARY ___
ADDRESS _____ PHONE _____

NAME _____ ACTIVE ___ HONORARY ___
ADDRESS _____ PHONE _____

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ADDRESS _____ PHONE _____

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NAME _____ ACTIVE ___ HONORARY ___
ADDRESS _____ PHONE _____

NAME _____ ACTIVE ___ HONORARY ___
ADDRESS _____ PHONE _____

LETTER OF INSTRUCTION

(A COPY SHOULD BE ATTACHED TO THE ORIGINAL WILL)

IT IS MY DESIRE THAT THE EXECUTOR OF MY ESTATE DISTRIBUTE THE BELOW DESCRIBED ITEMS TO THE RESPECTIVE INDIVIDUALS

ITEM _____

INDIVIDUAL _____

ITEM _____

INDIVIDUAL _____

ITEM _____

INDIVIDUAL _____

ITEM _____

INDIVIDUAL _____

ITEM _____

INDIVIDUAL _____

ITEM _____

INDIVIDUAL _____

ITEM _____

INDIVIDUAL _____

ITEM _____

INDIVIDUAL _____

ITEM _____

INDIVIDUAL _____

DATE _____

SIGNATURE

ITEM _____

INDIVIDUAL _____

ITEM _____

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INDIVIDUAL _____

DATE _____ SIGNATURE _____

ITEM _____

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INDIVIDUAL _____

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INDIVIDUAL _____

ITEM _____

INDIVIDUAL _____

ITEM _____

INDIVIDUAL _____

ITEM _____

INDIVIDUAL _____

DATE _____ SIGNATURE _____

C O P Y O F W I L L
(SHOULD HAVE A COPY FOR EACH MEMBER THIS WOULD APPLY TO)

WILL OF _____

LOCATION OF ORIGINAL _____

DATE OF WILL _____

NAME OF ATTORNEY _____

ADDRESS _____

PHONE _____ CELL _____

EXECUTOR _____

ADDRESS _____

PHONE _____ CELL _____

C O P Y O F T R U S T

(SHOULD HAVE A COPY FOR EACH MEMBER THIS WOULD APPLY TO)

TRUST OF _____

LOCATION OF ORIGINAL _____

DATE OF TRUST _____

NAME OF ATTORNEY _____

ADDRESS _____ PHONE _____

NAME OF TRUSTEE _____

ADDRESS _____ PHONE _____

Flags

The colored flags are to be used during an emergency situation. Place in the window or on the door of the home to mark the home. During an emergency your Block Captain will check all homes in the area for reporting to authorities of the condition of the people and structures in his/her assigned area.

Green - *all is well*

Yellow- *injuries but not life threatening*

Red- *life threatening injuries need medical help*

Blue - *there is a missing person from this dwelling*

Black- *there has been a death in this home*

Orange- *Quarantined, Pandemic, Contagious*

Green Ribbon - *house evacuated, (post flag, on doorknob, for leaving status)*



FINANCES

CONTENTS

FINANCES

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CREDIT CARDS

STOCKS AND BONDS

OTHER ASSETS

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RETIREMENT PLAN**

LOAN INFORMATION / AGREEMENTS

INCOME TAX RETURNS

PROPERTIES

**REAL ESTATE
PAPERS / DISCRIPTIONS
IMPROVEMENT RECEIPTS
TAX RECEIPTS**

**VEHICLE INFORMATION / OWNERSHIP
AUTO
RV
FARM EQUIPMENT
LICENSE / REGISTRATION**

INSURANCE

LIFE INSURANCE

HEALTH AND MAJOR MEDICAL

DISABILITY

PROPERTY

AUTO INSURANCE

Note: A copy of your most recent bank statement should be included in this information (should be replaced each month)

BANK ACCOUNTS

(FOR ANY MEMBER WITH AN ACCOUNT)

ACCOUNT NAME _____

BANK _____ ACCOUNT # _____

ADDRESS _____

JOINT _____ INDIVIDUAL _____ CHECKING _____ SAVINGS _____

THOSE AUTHORIZED TO SIGN ON ACCOUNT: _____

BANK OFFICER TO CONTACT _____

LOCATION OF CHECK BOOK / SAVINGS PASSBOOK _____

ACCOUNT NAME _____

BANK _____ ACCOUNT # _____

ADDRESS _____

JOINT _____ INDIVIDUAL _____ CHECKING _____ SAVINGS _____

THOSE AUTHORIZED TO SIGN ON ACCOUNT: _____

BANK OFFICER TO CONTACT _____

LOCATION OF CHECK BOOK / SAVINGS PASSBOOK _____

ACCOUNT NAME _____

BANK _____ ACCOUNT # _____

ADDRESS _____

JOINT _____ INDIVIDUAL _____ CHECKING _____ SAVINGS _____

THOSE AUTHORIZED TO SIGN ON ACCOUNT: _____

BANK OFFICER TO CONTACT _____

LOCATION OF CHECK BOOK / SAVINGS PASSBOOK _____

SAFE DEPOSIT BOX

BANK _____

ADDRESS _____

LOCATION OF KEYS _____

PERSONS AUTHORIZED TO SIGN _____

CONTENTS :

CREDIT CARDS

CARD ISSUED BY _____ PHONE _____

BILLING ADDRESS _____

CARD # _____ LOCATION OF CARD _____

THOSE AUTHORIZED TO SIGN ON CARD _____

CARD ISSUED BY _____ PHONE _____

BILLING ADDRESS _____

CARD # _____ LOCATION OF CARD _____

THOSE AUTHORIZED TO SIGN ON CARD _____

CARD ISSUED BY _____ PHONE _____

BILLING ADDRESS _____

CARD # _____ LOCATION OF CARD _____

THOSE AUTHORIZED TO SIGN ON CARD _____

CARD ISSUED BY _____ PHONE _____

BILLING ADDRESS _____

CARD # _____ LOCATION OF CARD _____

THOSE AUTHORIZED TO SIGN ON CARD _____

CARD ISSUED BY _____ PHONE _____

BILLING ADDRESS _____

CARD # _____ LOCATION OF CARD _____

THOSE AUTHORIZED TO SIGN ON CARD _____

STOCKS AND BONDS

FIRM _____ BROKER

ADDRESS _____ PHONE

ACCOUNT NAME _____ ACCT #

ACCOUNT NAME _____ ACCT #

FIRM _____ BROKER

ADDRESS _____ PHONE

ACCOUNT NAME _____ ACCT #

ACCOUNT NAME _____ ACCT #

FIRM _____ BROKER

ADDRESS _____ PHONE

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ACCOUNT NAME _____ ACCT #

FIRM _____ BROKER _____

ADDRESS _____ PHONE _____

ACCOUNT NAME _____ ACCT # _____

ACCOUNT NAME _____ ACCT # _____

FIRM _____ BROKER _____

ADDRESS _____ PHONE _____

ACCOUNT NAME _____ ACCT # _____

ACCOUNT NAME _____ ACCT # _____

OTHER ASSETS

(FOR MEMBERS THIS WOULD APPLY TO)

INFORMATION REGARDING CERTIFICATES OF DEPOSIT, RETIREMENT PLANS, ANNUITY CONTRACTS, STOCK-OPTION PLANS, PROFIT-SHARING PLANS, LIMITED PARTNERSHIPS, GOLD COINS, ANTIQUES, ART, COLLECTIBLES, ETC....

ASSET _____
—

LOCATION OF INFORMATION PERTAINING TO THIS ASSET _____

ASSET _____
—

LOCATION OF INFORMATION PERTAINING TO THIS ASSET _____

ASSET _____
—

LOCATION OF INFORMATION PERTAINING TO THIS ASSET _____

ASSET _____
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LOCATION OF INFORMATION PERTAINING TO THIS ASSET _____

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LOCATION OF INFORMATION PERTAINING TO THIS

ASSET _____

ASSET _____

—

**LOCATION OF INFORMATION PERTAINING TO THIS
ASSET** _____

ASSET _____

**LOCATION OF INFORMATION PERTAINING TO THIS
ASSET** _____

SIGNATURE _____ **DATE**

Social Security Card

Copy Phone Number Report if Lost or Stolen

Social Security

1-208-522-7992 1-800-772-1213

www.ssa.gov/ssnumber/

Medicare

1-800-426-3477

www.medicare.gov

SOCIAL SECURITY

Social Security benefits should be applied for as soon as possible following the death of a wage earner. You will need to take with you the following documents:

- ___ DEATH CERTIFICATE
- ___ MARRIAGE CERTIFICATE
- ___ PREVIOUS DIVORCE PAPERS OF DECEASED
- ___ BIRTH CERTIFICATES OF DECEASED, SPOUSE,
CHILDREN, including step-children living in the household of the deceased
- ___ MILITARY DISCHARGE PAPERS
- ___ INCOME TAX RETURNS --- previous two years
- ___ SOCIAL SECURITY NUMBERS OF DECEASED, SPOUSE
CHILDREN, including step- children living in the household of deceased

FULL NAME

SOCIAL SECURITY NUMBER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RETIREMENT PLAN

(FOR EACH MEMBER THIS MAY APPLY TO)

NAME OF FUND _____

INSTITUTION ADMINISTERING FUND _____

ADDRESS _____ DATE _____

_____ AMOUNT IN FUND _____

DATE FUNDS ARE RETRIEVABLE _____

PERSON OR PERSONS FUNDS ARE AVAILABLE TO:

LOCATION OF DOCUMENTS PERTAINING TO FUND _____

ADDITIONAL INFORMATION _____

LOAN INFORMATION

(INCLUDE PERSONAL LOANS, INSTALLMENT PURCHASES, ETC.)

LENDER _____
ADDRESS _____

PHONE # _____

LOAN # _____
PAYMENT _____
DUE DATE _____
CONTACT _____

COLLATERAL USED _____

DATE OF LOAN _____ DATE OF FINAL PAYMENT _____

INTREST RATE _____ # OF PAYMENTS _____

LOCATION OF AGREEMENT _____

REASON FOR LOAN _____

ADDITIONAL INFORMATION _____

LENDER _____
ADDRESS _____

PHONE # _____

LOAN # _____
PAYMENT _____
DUE DATE _____
CONTACT _____

COLLATERAL USED _____

DATE OF LOAN _____ DATE OF FINAL PAYMENT _____

INTREST RATE _____ # OF PAYMENTS _____

LOCATION OF AGREEMENT _____

REASON FOR LOAN _____

ADDITIONAL INFORMATION _____

LENDER _____

LOAN # _____

ADDRESS _____

PAYMENT _____

PHONE # _____

DUE DATE _____

CONTACT _____

COLLATERAL USED _____

DATE OF LOAN _____

DATE OF FINAL PAYMENT

INTREST RATE _____

OF PAYMENTS _____

LOCATION OF AGREEMENT _____

REASON FOR LOAN _____

ADDITIONAL INFORMATION _____

LENDER _____

LOAN # _____

ADDRESS _____

PAYMENT _____

PHONE # _____

DUE DATE _____

CONTACT _____

COLLATERAL USED _____

DATE OF LOAN _____

DATE OF FINAL PAYMENT

INTREST RATE _____

OF PAYMENTS _____

LOCATION OF AGREEMENT _____

REASON FOR LOAN _____

ADDITIONAL INFORMATION _____

COPY OF

MOST RECENT

TAX RETURNS

WHAT



PROPERTIES



DO YOU OWN



REAL ESTATE

PROPERTY ADDRESS

NAMES OF OWNERS

DATE OF PURCHASE _____

PURCHASE PRICE _____

MORTGAGE HELD BY _____

ADDRESS _____

APPROXIMATE MORTGAGE BALANCE _____ DATE _____

OF YEARS ON MORTGAGE _____

INTEREST RATE _____

LOAN # _____

PAYMENT AMOUNT _____

DUE DATE _____

LATE PAYMENT _____

PROPERTY TAXES _____

LOCATION OF TITLE / DEED _____

DESCRIPTION OF MAJOR IMPROVEMENTS

_____	DATE _____	COST _____
_____	DATE _____	COST _____
_____	DATE _____	COST _____
_____	DATE _____	COST _____
_____	DATE _____	COST _____
_____	DATE _____	COST _____
_____	DATE _____	COST _____
_____	DATE _____	COST _____
_____	DATE _____	COST _____
_____	DATE _____	COST _____

LOCATION OF RECEIPTS _____

Vehicle Information



Make, model, year, license plate number and copy of registration and insurance policy of each vehicle in household. Include cars, recreational vehicles, boats, motorcycles, etc.

DRIVER'S LICENSE

Copy

Phone Number

Report if Lost or Stolen

State Transportation Department

VEHICLE INFORMATION

MAKE _____ MODEL _____ YEAR _____

MOTOR I.D. # _____ LICENSE # _____

REGISTERED OWNER _____

DATE PURCHASED _____ LOAN CARRIED BY _____

PHONE # _____ ADDRESS _____

TITLE # _____ LOCATION OF TITLE _____

MAKE _____ MODEL _____ YEAR _____

MOTOR I.D. # _____ LICENSE # _____

REGISTERED OWNER _____

DATE PURCHASED _____ LOAN CARRIED BY _____

PHONE # _____ ADDRESS _____

TITLE # _____ LOCATION OF TITLE _____

MAKE _____ MODEL _____ YEAR _____

MOTOR I.D. # _____ LICENSE # _____

REGISTERED OWNER _____

DATE PURCHASED _____ LOAN CARRIED BY _____

PHONE # _____ ADDRESS _____

TITLE # _____ LOCATION OF TITLE _____

MAKE _____ MODEL _____ YEAR _____
MOTOR I.D. # _____ LICENSE # _____
REGISTERED OWNER _____
DATE PURCHASED _____ LOAN CARRIED BY _____
PHONE # _____ ADDRESS _____
TITLE # _____ LOCATION OF TITLE _____

MAKE _____ MODEL _____ YEAR _____
MOTOR I.D. # _____ LICENSE # _____
REGISTERED OWNER _____
DATE PURCHASED _____ LOAN CARRIED BY _____
PHONE # _____ ADDRESS _____
TITLE # _____ LOCATION OF TITLE _____

MAKE _____ MODEL _____ YEAR _____
MOTOR I.D. # _____ LICENSE # _____
REGISTERED OWNER _____
DATE PURCHASED _____ LOAN CARRIED BY _____
PHONE # _____ ADDRESS _____
TITLE # _____ LOCATION OF TITLE _____

INSURANCE

POLICIES



LIFE INSURANCE

INSURED _____ AMOUNT _____
POLICY # _____ PREMIUM AMOUNT _____
DUE DATE _____ BANK DRAFT _____ CHECK _____ OTHER _____
MATURITY DATE _____ CASH VALUE _____ DATE _____
OWNER OF POLICY _____ DATE ISSUED _____
COMPANY _____ AGENTS NAME _____
ADDRESS _____ PHONE # _____
BENEFICIARY _____
LOCATION OF POLICY _____
DETAILS _____

INSURED _____ AMOUNT _____
POLICY # _____ PREMIUM AMOUNT _____
DUE DATE _____ BANK DRAFT _____ CHECK _____ OTHER _____
MATURITY DATE _____ CASH VALUE _____ DATE _____
OWNER OF POLICY _____ DATE ISSUED _____
COMPANY _____ AGENTS NAME _____
ADDRESS _____ PHONE # _____
BENEFICIARY _____
LOCATION OF POLICY _____
DETAILS _____

INSURED _____ AMOUNT _____
POLICY # _____ PREMIUM AMOUNT _____
DUE DATE _____ BANK DRAFT _____ CHECK _____ OTHER _____
MATURITY DATE _____ CASH VALUE _____ DATE _____
OWNER OF POLICY _____ DATE ISSUED _____
COMPANY _____ AGENTS NAME _____
ADDRESS _____ PHONE # _____
BENEFICIARY _____
LOCATION OF POLICY _____
DETAILS _____

INSURED _____ AMOUNT _____
POLICY # _____ PREMIUM AMOUNT _____
DUE DATE _____ BANK DRAFT _____ CHECK _____ OTHER _____
MATURITY DATE _____ CASH VALUE _____ DATE _____
OWNER OF POLICY _____ DATE ISSUED _____
COMPANY _____ AGENTS NAME _____
ADDRESS _____ PHONE # _____
BENEFICIARY _____
LOCATION OF POLICY _____
DETAILS _____

HEALTH AND MAJOR MEDICAL

INDIVIDUALS COVERED BY POLICY _____

COMPANY _____ AGENTS NAME _____

ADDRESS _____ PHONE # _____

POLICY # _____ DEDUCTIBLE _____

PREMIUM AMT. _____ DUE DATE _____

BANK DRAFT _____ CHECK _____ OTHER _____

LOCATION OF POLICY _____

DETAILS OF COVERAGE _____

INDIVIDUALS COVERED BY POLICY _____

COMPANY _____ AGENTS NAME _____

ADDRESS _____ PHONE # _____

POLICY # _____ DEDUCTIBLE _____

PREMIUM AMT. _____ DUE DATE _____

BANK DRAFT _____ CHECK _____ OTHER _____

LOCATION OF POLICY _____

DETAILS OF COVERAGE _____

DISABILITY INSURANCE

INSURED _____

AMOUNT _____ DUE DATE _____

BANK DRAFT _____ CHECK _____ OTHER _____

ELIMINATION PERIOD _____ ILLNESS _____ ACCIDENT _____

COMPANY _____ AGENT _____

ADDRESS _____ PHONE # _____

LOCATION OF POLICY _____

DETAILS OF COVERAGE _____

INSURED _____

AMOUNT _____ DUE DATE _____

BANK DRAFT _____ CHECK _____ OTHER _____

ELIMINATION PERIOD _____ ILLNESS _____ ACCIDENT _____

COMPANY _____ AGENT _____

ADDRESS _____ PHONE # _____

LOCATION OF POLICY _____

DETAILS OF COVERAGE _____

PROPERTY INSURANCE

PROPERTY _____
AMOUNT OF COVERAGE _____ DEDUCTIBLE _____
COMPANY _____ AGENT _____
ADDRESS _____ PHONE # _____
POLICY # _____ PREMIUM AMOUNT _____
DUE DATES _____ CHECK _____ OTHER _____
LOCATION OF POLICY _____
DETAILS OF COVERAGE _____

PROPERTY _____
AMOUNT OF COVERAGE _____ DEDUCTIBLE _____

COMPANY _____ AGENT _____

ADDRESS _____ PHONE # _____

POLICY # _____ PREMIUM AMOUNT _____

DUE DATES _____ CHECK _____ OTHER _____

LOCATION _____
DETAILS OF COVERAGE _____

VEHICLE INSURANCE

FAMILY LICENSED DRIVERS

NAME _____ STATE/LICENSE # _____

VEHICLE _____
TYPE OF COVERAGE _____ DEDUCTIBLE _____
COMPANY _____ AGENT _____
ADDRESS _____ PHONE # _____
POLICY # _____ PREMIUM AMOUNT _____
DUE DATE _____ BANK DRAFT _____ CHECK _____ OTHER _____
LOCATION OF POLICY _____
DETAILS OF COVERAGE _____

VEHICLE _____
TYPE OF COVERAGE _____ DEDUCTIBLE _____
COMPANY _____ AGENT _____
ADDRESS _____ PHONE # _____
POLICY # _____ PREMIUM AMOUNT _____
DUE DATE _____ BANK DRAFT _____ CHECK _____ OTHER _____
LOCATION OF POLICY _____
DETAILS OF COVERAGE _____

VEHICLE _____
TYPE OF COVERAGE _____ DEDUCTIBLE _____
COMPANY _____ AGENT _____
ADDRESS _____ PHONE # _____
POLICY # _____ PREMIUM AMOUNT _____
DUE DATE _____ BANK DRAFT _____ CHECK _____ OTHER _____
LOCATION OF POLICY _____
DETAILS OF COVERAGE _____

VEHICLE _____
TYPE OF COVERAGE _____ DEDUCTIBLE _____
COMPANY _____ AGENT _____
ADDRESS _____ PHONE # _____
POLICY # _____ PREMIUM AMOUNT _____
DUE DATE _____ BANK DRAFT _____ CHECK _____ OTHER _____
LOCATION OF POLICY _____
DETAILS OF COVERAGE _____

VEHICLE _____
TYPE OF COVERAGE _____ DEDUCTIBLE _____
COMPANY _____ AGENT _____ ADDRESS _____
_____ PHONE # _____
POLICY # _____ PREMIUM AMOUNT _____
DUE DATE _____ BANK DRAFT _____ CHECK _____ OTHER _____
LOCATION OF POLICY _____
DETAILS OF COVERAGE _____

Basic Food Storage List

GRAINS = 400 lbs per adult

- _____ Barley
- _____ Cereal
- _____ Corn (meal or Dent)
- _____ CousCous
- _____ Flour (4 lb/can)
- _____ Millet
- _____ Multi grain soup mix(5lb/can)
- _____ Oats, rolled quick(3lb/can)
- _____ Oats, rolled regular (3lb/can)
- _____ Popcorn
- _____ Rye
- _____ Sprouting Seeds
- _____ Wheat (6lb/can)
- _____ White Rice (6lb/can)

PASTAS

- _____ Macaroni (3lb/can)
- _____ Noodles
- _____ Spaghetti (4lb/can)

MILK / DAIRY = 75 per adult

- _____ Brick cheese
- _____ Canned milk
- _____ Canned sour cream
- _____ Cheese spreads
- _____ Cheese spreads
- _____ Condensed milk
- _____ Dried cheese
- _____ Infant formula

JUICES /BEVERAGES = 25 LBS

- _____ Apple juice
- _____ Apricot Nectar
- _____ Baby strained juices
- _____ Cocoa drink mix (4lb/can)
- _____ Cranberry juice
- _____ Dried juice mix(6lb/can)
- _____ Grapefruit juice
- _____ Grape juice
- _____ Kool-aid
- _____ Lemonade
- _____ Orange juice
- _____ Pineapple juice
- _____ Plum juice
- _____ Prune juice
- _____ Punch crystals
- _____ Soft drink mixes
- _____ Soft drinks
- _____ Tomato juice
- _____ V-8 juice

FATS / OILS = 20 lbs per adult

- _____ Butter
- _____ Cooking oil
- _____ Lard
- _____ Margarine
- _____ Mayonnaise
- _____ Olive oil (extra virgin)
- _____ Peanut butter
- _____ Powdered butter

_____ Non-dairy creamer

MILK / DAIRY = 75 lbs per adult

_____ Non-fat dry milk (4lb/can)

_____ Powdered cheese

_____ Powdered sour cream

**CANNED OR DRIED MEATS
(20 lbs per adult)**

_____ Bacon

_____ Beef

_____ Beef jerky

_____ Chicken

_____ Clams

_____ Corned beef

_____ Crabmeat

_____ Deviled meats

_____ Fish

_____ Ham

_____ Hamburger

_____ Lamb

_____ Lunch meats

_____ Mutton

_____ Pepperoni

_____ Pork

_____ Tuna

_____ Salmon

_____ Sandwich spreads

_____ Sardines

_____ Sausage

_____ Shrimp

_____ Spam

_____ Turkey

_____ TVP – textured veggi protein

_____ Veal

_____ Venison jerky

_____ Powdered margarine

FATS/ OILS = 20 lbs per adult (cont.)

_____ Powdered shortening

_____ Salad Dressing

_____ Shortening

AUXILIARY FOODS

_____ Baking powder

_____ Baking soda

_____ Cake mixes

_____ Calcium supplement

_____ Casserole mixes

_____ Chow Mein noodles

_____ Cookies

_____ Cookie mixes

_____ Cornstarch

_____ Crackers

_____ Cream of tarter

_____ Hot roll mixes

_____ Hydrated lime (for tortillas)

_____ Instant breakfast

_____ Instant yeast

_____ Iron supplement

_____ Marshmallows

_____ MRE'S

_____ Muffin mixes

_____ Non perishable pet foods

_____ Pancake mixes

_____ Pastry mixes

_____ Pectin

_____ Pie crust mixes

_____ Pie fillings

_____ Pizza mixes

_____ Plain gelatin

_____ Rennin tablets

_____ Vienna sausage

Auxiliary Foods (contl)

_____ Sourdough starter

_____ Survival bars

_____ Tofu solidifier

_____ Salt

_____ Vitamins and minerals

_____ Whipped topping mixes

FRUITS AND VEGETABLES

90 lbs Dried, 370 qts canned, 370 lbs

Fruits

_____ Apples (2lb can)

_____ Applesauce

_____ Apricots

_____ Peaches

_____ Berries

_____ Cherries

_____ Coconut

_____ Currants

_____ Figs

_____ Fruit cocktail

_____ Grapefruit

_____ Grapes

_____ Mandarin oranges

_____ Nectarines

_____ Olives

_____ Pears

_____ Peaches

_____ Pineapple

_____ Plums

_____ Prunes

_____ Rhubarb

_____ Raisins

Vegetables

_____ Artichoke hearts

_____ Asparagus

_____ Beans

_____ Beets

_____ Broccoli

_____ Brussels sprouts

_____ Carrots

_____ Cauliflower

_____ Celery

_____ Corn-sweet

_____ Green beans

_____ Hominy

_____ Mushrooms

_____ Okra

_____ Onions (2lb/can)

_____ Parsnips

_____ Peas

_____ Peppers

_____ Pickles

_____ Potatoes, flakes (1.5lb/can)

_____ Potatoes, pearls(3lb/can)

_____ Pumpkins

Vegetables (cont.)

- | | |
|------------------|-----------------------------|
| _____ Rutabagas | _____ Sweet potatoes (yams) |
| _____ Salsify | _____ Tomatoes |
| _____ Sauerkraut | _____ Tomato powder |
| _____ Soups | _____ Turnips |
| _____ Spinach | _____ Water chestnuts |
| _____ Squash | |

BEANS & LEGUMES (90lbs per adult)

- | | |
|------------------------------|---------------------------------|
| _____ Beans, pinto (5lb/can) | _____ Nuts |
| _____ Beans, pink (5lb/can) | _____ Peas |
| _____ Beans, white (5lb/can) | _____ Sprouting beans and seeds |
| _____ Lentils | _____ Soybeans |

SPICES / CONDIMENTS

- | | |
|---|------------------------------|
| _____ Almond extract | _____ Oregano |
| _____ Allspice | _____ Paprika |
| _____ Baking Chocolate | _____ Pepper |
| _____ Basil | _____ Poultry Seasoning |
| _____ BBQ sauce | _____ Protein supplement |
| _____ Bouillon cubes / granules | _____ Sage |
| Beef, Chicken, Onion, Vegetable flavors | _____ Salad Dressings |
| _____ Cayenne Pepper | _____ Salt (5 lbs per adult) |
| _____ Celery Salt | _____ Sauce mixes |
| _____ Chili Powder | _____ Seasoned Salt |
| _____ Chives | _____ Spaghetti Sauce |
| _____ Chocolate Chips | _____ Soy Sauce |
| _____ Chocolate Powder | _____ Steak Sauce |
| _____ Chocolate syrup | _____ Tarragon |
| _____ Cinnamon | _____ Thyme |
| _____ Cloves | _____ Turmeric |

Spice's and condiments (cont.)

- _____ Cocoa
- _____ Coriander
- _____ Cumin
- _____ Curry
- _____ Dill Weed
- _____ Garlic Salt
- _____ Ginger
- _____ Gravy mixes
- _____ Herbs
- _____ Ketchup
- _____ Lemon Extract
- _____ Liquid Smoke
- _____ Marjoram
- _____ Maple Extract
- _____ Nutmeg
- _____ Onion Flakes
- _____ Onion Salt
- _____ Orange peel
- _____ Vanilla extract
- _____ Vinegar (white / apple cider)
- _____ Worcestershire Sauce

Sugars = 60 lbs per adult

- _____ Corn Syrup
- _____ Hard candy
- _____ Honey
- _____ Jello
- _____ Jelly or Jam
- _____ Maple syrup
- _____ Molasses
- _____ Pudding, Chocolate, Vanilla
(5lb /can each)
- _____ Sugar (6lb / can)

Three Month's Supply of Comfort Food

This list is to help you obtain a three month's supply of comfort food. Comfort food is the food your family eats on a daily bases. This is a general list and you can add different foods depending on what your family will eat. Some items on this list are fresh and will obviously need to be rotated and used quickly.

Canned Fruits

- Peaches
- Pears
- Pineapple
 - Crushed
 - Chunked
 - Rings
 - Tidbits
- Apricots
- Fruit Cocktail

Pasta

- Spaghetti
- Lasagna
- Elbow roni
- Acini De Pepe (frog eye)
- Shellroni
- Egg Noodles
- Mac & Cheese
- Curley Noodles
- Rice

Drinks

- Chocolate Powder
- Drink mix
- Postum
- Apple Juice
- Apricot Nector
- Cranapple
- Old Orchard Juices

Meats - Frozen

Frozen Foods

- Orange Juice
- Apple Juice
- Grape Juice
- Mixed Fruit Juice
- Hash Browns
- Peas
- Broccoli
- Cauliflower
- Carrots

Mandarin Oranges

Red Beans
White Beans
Pinto Beans

Beef-Roast
Steaks
Stew Meat

Mixed Vegetables
Ice Cream
Frozen Fruit

Canned Vegetables

Tomato – Sauce
Paste
Whole
Spaghetti Sauce
Corn
Beets
Hominy
Pork and Beans
Kidney Beans
Green Beans
Canned Potatoes
Carrots
Spinach

Stables

Flour
Sugar
Salt
Hot Cereal
Cold Cereal
Corn Meal
Jello

Nuts

Hamburger

ground
patties
Chicken-whole
pieces
breast
Pork - chops
roast
ham hocks
bacon
ham
sausage
Canadian Bacon
Fish Sticks
Hot Dogs

Canned Goods

Soups -
Tomato
Cream of Chicken
Cream of Mush.
Vegetable
Noodle
Dry Soup
Tuna
Chunked -Turkey
Chicken
Ham
Clams / Shrimp
Manwich

International

Chinese- Noodles
Chowmein
Water Chestnuts
Sweet & Sour
Fortune Cookies
Mexican – Taco Shell’s
Enchiladas
Burritos
Salsa
Refried Beans
Italian- Pizza

Spice’s

Baking Soda
Baking Powder
Pepper
Salt
Yeast
Choc. Chips
Coconut
Lemon Juice
Chili Powder
Nutmeg
Cinnamon

Spice’s (cont.)

Garlic Cloves
Garlic Salt
Bacon Bits
Marshmallows
Bouillon cubes
Chicken
Beef
Pork

Monthly Food Storage Purchasing Calendar

compiled by Andrea Chapman

If you are just starting out, this calendar can be used any year.
Just start with the current month’s items.

Be certain to buy only items your family will use, and rotate and use the items in your storage throughout the year.

* The items in the first few months are basic essentials and are the most important to purchase and store.

It is vital to get WATER – STORAGE . If you don’t have water, you will not be able to use many of the foods you have that are dehydrated or require water to cook. Many times in natural disasters, the electricity goes down and you will not be able to access your water. Sometimes the water is contaminated from flooding and cross – contamination from sewage. You will need water, at very least, you will need 4 days worth.

JANUARY

Week # 1	1 case canned fruit
Week # 2	2 #2 cans instant potatoes
Week # 3	3 # 10 cans dried milk
Week # 4	9 pounds yeast
Week # 5	anything you have missed from above

FEBRUARY

Week # 1	Water Storage Containers; buy either 55 gallon drums, 5 gallon water containers (available at all emergency preparedness stores and some super markets) and spigot, or start to save water in pop bottles and plastic juice containers. Also purchase 100 pounds hard white wheat and three plastic storage buckets with tight fitting lids. Check out the local mills in your area for best prices.
Week # 2	25 lbs sugar or 20 lbs of honey 5 lbs salt per person bucket opener
Week #3	4 # 10 cans shortening or 4 – 48 oz. bottles oil 2 # 10 cans of dry instant milk
Week # 4	2 case canned beans (like refried pint, black, kidney, white, pink, etc.) or 25 lbs dry beans (preferable) and bucket to store them in. 50 lbs dried corn or popcorn and a bucket to store it in. (can be ground into cornmeal as well as for popcorn)

March

(many of these items will be repeats because it will build up your essentials)

Week # 1	Enough water containers for 14 gallons per person in the family. (This was mentioned last month because water is very important to have Water is your most important item!) If you didn't get enough containers last month you can get them this month White Rice , at least 15lbs per person in the family and if possible buckets to store it. (brown rice goes rancid faster.)
Week # 2	2 jars mayonnaise

2 gallon oil
2 # 10 cans shortening

Week # 3 **25 lbs sugar**
1 25 lb bag of legumes (beans: white, pinto, pink, lentils etc.)

Week # 4 **Salt 5 more lbs**
2 gallons bleach
1 # 10 can or 1 box of dry milk

Week # 5 **Check your list for the last 8 weeks and purchase any items**
you fell short on. These items are essential ones and you will
need to be sure you have enough.

APRIL

Week # 1 **100 lbs wheat**
10 lbs brown sugar

Week # 2 **2 # 10 cans dried fruit or 1 case canned fruit**
1 lb yeast

Week # 3 **1 case tuna or salmon**
2 # 10 cans milk
3 lbs sprouting seeds
1 80 oz can Rumsford baking powder

Week # 4 **2 large jars peanut butter or**
1 # 10 can peanut butter powder (lasts longer)
2 cans dried whole egg (keep in a cool dry place)

MAY

Week # 1 **2 to 3 bottles of multi-vitamins**
2 # 10 cans of rolled oats
(if # 10 cans are not available in your area, buy the largest packages available in your local store, and also purchase a small bucket to store it in.)

Week # 2 **100 lbs of wheat**
3 buckets

Week # 3 **1 # 10 can margarine powder – or shortening if marg.**
powder is unavailable
2 # 10 cans rolled oats
(or equivalent and a storage bucket)

Week # 4 **4 # 10 cans instant potatoes**
1 bottle black pepper

JUNE

- Week # 1** **2 cans dry milk, 2 boxes of Rennet**
(used for making cottage cheese and other dairy products from
from dry milk.)
1 bottle lemon juice
1 bottle vinegar, (also used in making dairy products from dry
milk)
- Week # 2** **100 lbs wheat**
25 lbs flour
- Week # 3** **Baking soda** (try to buy in bulk in places like Sam's Club or
Cosco.) Buy about 10 lbs.
25 lbs Legumes (choose those you are willing to eat.
Remember you can sprout legumes and almost quadruple the
nutritional value of them.
Buy one large box Knox or other gelatin to be used in place of
eggs in baking
- Week # 4** **Buy 3 cases Tomato products** (try to buy them by the case in
normal size cans. Spaghetti sauce, tomato sauce, whole and
chopped tomatoes.
- Week # 5** **Be on the look out for Garden seeds that are NON-HYBRID.**
That way you can use the seeds from the plants you grow to
grow a garden the next season.

JULY

- Week # 1** **200 lbs wheat**
(buckets to store it in)
keep filling bottles with water (pop bottles, juice bottles, syrup
bottles etc...basically no cost to do this)
- Week # 2** **20 lbs peanut butter**
(keep filling those water containers)
- Week # 3** **4 # 10 cans dry milk**
2 # 10 cans dry milk
(keep filling water containers – make this a habit – when you
empty something worthy of water storage, wash it and fill it right
away.)
- Week # 4** **6 # 10 cans dry milk**
(more water!)

AUGUST

Week # 1	25 lbs rice 25 lbs sugar 1 # 10 can instant potatoes 5 lbs salt
Week # 2	1 case tuna or salmon or other meat 2 # 10 cans dry milk
Week # 3	2 # 10 cans dry milk 2 # 10 cans shortening 1 # 10 can instant potatoes
Week # 4	2 cases fruit 5 lbs salt

Note* In late August early September, many stores have sales on canned fruits and vegetables. Ask your local store when these sales will be, and switch the weeks of this calendar as needed.

Week # 5	2 cases canned fruit 1 case misc. vegetables (green beans, peas, carrots, etc)
-----------------	---

September

Week # 1	2 cases canned fruit 1 case misc. vegetables
Week # 2	2 cases canned fruit 2 # 10 cans shortening
Week # 3	2 cases fruit 1 case vegetables
Week # 4	2 cans shortening 25 lbs rice (buckets to store it in- if necessary)

October

Week # 1	100 lbs wheat and 3 buckets
Week # 2	1 case tuna or other meat
Week # 3	25 lbs sugar 2 large cans fruit juice powder
Week # 4	3 # 10 cans dry milk
Week # 5	9 # 10 cans potato flakes

November

Week # 1	4 large jars peanut butter
Week # 2	1 case canned fruit 15 lbs rice
Week # 3	7 # 10 cans shortening
Week # 4	50 lbs rice and buckets to store it in

December

Week # 1	100 lbs wheat and 3 buckets
Week # 2	1 large can fruit juice powder 3 large jars peanut butter
Week # 3	3 # 10 cans dry milk
Week # 4	50 lbs of rice, oats, or barley buckets to store it in.

96 HOUR SURVIVAL KIT

<u>INDIVIDUAL KIT</u>	backpack, duffle bag, rolling suitcase or tote, etc...) to hold the following items:
COMMUNICATION	Radio, extra batteries, whistle, walkie-talkie, clock.
FIRST AID	First Aid Kit, medications, medical history.
CONTAINER	Waterproof container (such as name tags with name, address, blood type, allergies, school, sewing kit, insect repellent.
SHELTER	Tent or tarp, rope ¼" X 36 feet.
BEDDING	Sleeping bag, Mylar blanket, wool blanket, tarp, ground cover.
FOOD	Light weight food requiring little or no cooking or refrigeration, evaporated milk, powdered milk, cereal, grainola bars, juice crystals, jerky, canned meat (Vienna sausage, canned tuna, canned chicken or turkey, dried beef) dried fruit, dried soups, ramen noodles, peanut butter, crackers, nuts, salt and pepper, sugar, MREs, freeze dried food, food in foil pouches.
COOKING	Utensils for cooking, single burner stove, can opener, tin cup, paper towel, plastic wear, cups, plates.
FUEL	Propane cylinders for cooking, light, and heating
WATER	1 gallon water per person per day for 4 days, water purification tablets, or 8 drops of chlorine bleach per 1 gallon of water.
LIGHTS	Flashlight, extra batteries, candles with holder, waterproof matches, lighter.

SANITATION

1 air tight bucket or porta-pottie, toilet paper, newspaper, disinfectant, trash bags, dish soap, chlorine bleach, 12 large garbage bags, rubber gloves.

CLOTHING

Coat, change of clothes, extra shoes and socks, gloves, raingear, adequate winter wear, stocking cap, ski-bibs, insulated coveralls heavy work gloves, include baby items.

PERSONAL ITEMS

Towel, wash cloth, toothbrush, toothpaste, brush, comb, mirror, shampoo, soap, hand lotion, feminine hygiene, baby items: diapers, diaper cream, petroleum jelly, etc...

TOOLS

Pocket knife(Swiss Army type) small tools, hatchet, pointed shovel, scissors, vice grip pliers, duct tape, fish hook and line.

IMPORTANT PAPERS

Will, testaments, stocks, securities, titles, certificates, insurance, currant family pictures, I.D. cards and tags, inventory of household items, pencil and paper, maps, phone numbers, emergency handbook, car keys, house keys, accounting information, survival book.

MONEY

Cash and change

FUN THINGS

books, small toys, card games, small travel games, coloring crayons, coloring books, paper and pencil, remember special occasions ie; birthdays, anniversaries etc...

FAMILY SURVIVAL KIT

CONTAINER	1 waterproof container (32 Gallon garbage can, rolling tote, rolling suitcase etc...)to hold the following items:
COMMUNICATION	radio with extra batteries, walkie-talkies, clock, whistle.
FIRST AID	first Aid kit, medication, insect repellent, sewing kit, safety pins, heavy duty sanitary pad, hand lotion, aspirin, ibuprofen.
SHELTER	tent, tarp, ground cover, tent pegs, hammer.
BEDDING	emergency Mylar blanket, wool blanket, sleeping bag.
FOOD	MRE's, jerky, fruit leather, other dry prepared food, juts, canned tuna, canned chicken, canned turkey, dried beef, plates, cups, plastic wear, Stress food such as hard candy, gum, etc... Baby food and pet food.
COOKING	cooking utensils, pan with lid, single burner stove, tin cup, matches, lighter, can opener.
FUEL	propane cylinders for heat, light and cooking, wood, briquettes.
WATER	1 gallon water per person per day for 4 days, water purification tablets or 8 drops of chlorine bleach per 1 gallon of water.
LIGHT	flashlight, extra batteries, lantern with extra propane cylinder, mantle, candle with holder.
SANITATION	cleaning supplies, toilet, toilet paper, 12 large plastic garbage bags, chlorine bleach, bucket, newspaper, rubber gloves.
CLOTHING	change of clothes for each member of the family, warm clothes for winter and cool clothes for summer, body warmer, extra shoes and laces.

TOOLS

pocket knife (Swiss Army type), ax, shovel, fish hook and line, fire extinguisher, rope 1/4" x 36 feet, (depending on your family size you may want to double or triple this amount), duct tape, string, scissors, twine.

IMPORTANT PAPERS

Family Emergency Handbook which should contain: wills, testaments, current family pictures, I.D. cards and tags, inventory of household items, pencil and paper, maps, phone numbers, extra car and house keys, accounting information, and survival manual.

MONEY

cash and change.

FUN THINGS

books, small toys, and games, small traveling games, coloring books, coloring crayons, paper and pencils. Remember little gifts for special occasions, birthdays, anniversaries, etc....

96 Hour Kit Supply List

FOOD ITEM	# Per Kit	# of Kits	Total # Needed
<i>Tang (1/4 cup each serving)</i>	3 servings		
<i>Instant Oatmeal</i>	3 servings		
<i>Cocoa Mix (1/4 each serving)</i>	3 servings		
<i>Single Serving Stew or Pasta w/pop top lid</i>	2 servings		
<i>Single Serve Beanie Weenies w/pop top lid</i>	2 servings		
<i>Granola Bars</i>	3		
<i>Single Serving Tuna & Crackers</i>	2		
<i>Single Serve Lipton Noodle Soup</i>	3 envelopes		
<i>1 oz. Beef Jerky</i>	3 packages		
<i>.5 oz. Fruit Roll-ups</i>	3		
<i>1 oz. Raisins</i>	2 packages		
<i>Gum</i>	12 sticks		
<i>Jolly Ranchers</i>	12 pieces		
<i>Plastic Spoons</i>	4		
<i>Matches</i>	1 mini box		
<i>Snack-size Zip-lock Bags for Tang and Cocoa</i>	6 baggies		
<i>Clear Packaging Tape to Close Jug</i>	1		
<i>Stove</i>	1		
<i>Fuel Pellets or Small Can Sterno</i>	4 packages		
<i>Towelettes</i>	10		

These items will all fit in a 1 gallon milk jug. You will need to add a 1st aid kit and equivalent to 1 gallon of water Per day (4 gallon).

FIRST AID KIT

These are suggested items to build your own.

- | | |
|---|--|
| <input type="checkbox"/> Adhesive tape 1 roll 10 yards | <input type="checkbox"/> First-aid Manual |
| <input type="checkbox"/> Activated charcoal (on advice of Poison Control Ctr) | <input type="checkbox"/> Gauze 1 roll 2" x 2" x 10 yards |
| <input type="checkbox"/> Alcohol swaps | <input type="checkbox"/> Gauze 8) 2" x 2" pads |
| <input type="checkbox"/> Aspirin / Tylenol | <input type="checkbox"/> Gauze 8) 2" x 3" pads |
| <input type="checkbox"/> Ammonia inhalant | <input type="checkbox"/> Gauze 8) 2" x 4" pads |
| <input type="checkbox"/> Antacid tablets | <input type="checkbox"/> Heat tablets |
| <input type="checkbox"/> Antibacterial ointment | <input type="checkbox"/> Hot pack |
| <input type="checkbox"/> Antibacterial soap | <input type="checkbox"/> Hot water bottle |
| <input type="checkbox"/> Anti-diarrhea | <input type="checkbox"/> Hydrogen peroxide |
| <input type="checkbox"/> Antiseptic | <input type="checkbox"/> Ice bag or cold pack |
| <input type="checkbox"/> Antihistamine | <input type="checkbox"/> Iodine |
| <input type="checkbox"/> Arm sling | <input type="checkbox"/> Laxative |
| <input type="checkbox"/> Bandages | <input type="checkbox"/> Lip Balm |
| <input type="checkbox"/> 1) 3" wide ace | <input type="checkbox"/> Lotion |
| <input type="checkbox"/> Triangular 40" square | <input type="checkbox"/> Matches |
| <input type="checkbox"/> Band-aids 20 (assorted sizes) | <input type="checkbox"/> Medication(s) |
| <input type="checkbox"/> Butterfly bandages | <input type="checkbox"/> Needles |
| <input type="checkbox"/> Blanket | <input type="checkbox"/> Safety pins (12 assorted) |
| <input type="checkbox"/> Compress 2" wide | <input type="checkbox"/> Scissors |
| <input type="checkbox"/> Consecrated oil (for anointing) | <input type="checkbox"/> Splints (popsicle & larger) |
| <input type="checkbox"/> Cotton Balls | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Cotton swaps | <input type="checkbox"/> Super glue |
| <input type="checkbox"/> Disinfectant | <input type="checkbox"/> Syrup of Ipecac |
| <input type="checkbox"/> Disposable gloves | <input type="checkbox"/> Table salt |
| <input type="checkbox"/> electrolyte drink (Pedialyte) | <input type="checkbox"/> Thermometer |
| <input type="checkbox"/> Eye drops | <input type="checkbox"/> Tongue Blades |
| <input type="checkbox"/> Face Cloths (2) | <input type="checkbox"/> Tweezers |
| <input type="checkbox"/> Cold medicine | <input type="checkbox"/> Vaseline |
| <input type="checkbox"/> Cough drops | <input type="checkbox"/> Zinc Oxide(diaper rash) |

FAMILY EMERGENCY QUICK GUIDE

- Stabilize family members, 1st Aid/CPR
- Report home condition using colored flag(s)
- Turn off all utility valves (only if necessary)
- Contact family members who are not at home
- If you need to evacuate take your 96 hour kit and leave immediately (secure your home) let your contact know where you are going
- If you need to shelter in place, prepare to be self reliant and live off your 3 month supply
- When family is stable go out and help in your area and/or report to the Damage Control Center (located at the pre-determined location) for further instructions