

**Family Planning:  
financial first aid kit  
(EFFAK)**





***EFFAK***  
EMERGENCY FINANCIAL  
**FIRST AID KIT**





## **EMERGENCY FINANCIAL FIRST AID KIT**

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**W**e live in a vulnerable world where it's likely that we – or someone we know – will be affected by an emergency event. Emergencies often come when we least expect it. What's more, many of us do not think to prepare our financial interests in advance. The Emergency Financial First Aid Kit (EFFAK) is here to help.

The EFFAK is a simple tool designed to assist you and your family in maintaining financial stability in the event of an emergency. EFFAK helps identify and organize key financial records and provides a quick reference file for your most important financial documents. One kit per household is recommended, although in the event one kit is used for a couple, all joint and separate accounts and liabilities should be included.

If you need any assistance completing your Emergency Financial First Aid Kit, call 1-888-388-HOPE (4673), and we will walk you through, step by step.

For more information about what you can do to be prepared for emergencies, visit [www.citizencorps.gov](http://www.citizencorps.gov) or [www.hopecoalitionamerica.org](http://www.hopecoalitionamerica.org). To make a communications plan, get an emergency kit and be informed, visit [www.ready.gov](http://www.ready.gov).



## **FIVE TIPS TO PREPARE FOR AN EMERGENCY**

1. Complete all sections of the Emergency Financial First Aid Kit (EFFAK) and obtain copies of any documents marked “NO” on the Important Legal Documents Checklist.
2. In an off-site safety deposit box, store the following important documents:
  - A copy of your EFFAK and legal documents
  - Photographs or video of all valuables
  - A computer backup file on diskette of any financial records stored on your computer (remember to update these records quarterly)
3. At home in a fireproof safe or file cabinet, store the following important documents:
  - Your EFFAK and other important documents in a waterproof bag
  - Keep \$10 and \$20 bills; ATM and credit card access may not be available
  - A writing tablet and two sharpened pencils
  - A copy of your off-site safety deposit box key
  - An extra copy of financial records from your computer backup file on diskette
4. Within reach of your home fireproof safe or file cabinet, have the following items stored in a durable bag:
  - AC charger for your mobile phone
  - AC adapter that can be plugged into a car cigarette lighter
  - Required prescription medications
  - Battery-charged flashlight
5. Mail a copy of your EFFAK and legal documents to your attorney in an envelope to be opened with your approval or in the event you become incapacitated.



## HOUSEHOLD INFORMATION

***Your Personal Information:***

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Last Name	First Name	Middle Name
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Home Address

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City	State/Province	ZIP Code
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***List the names of individuals living in the residence:***

Name (include other names used or aliases)	Age	Relationship
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

***Emergency Notification:***

Name	Relationship	Phone Number
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

*\*Make additional copies as required.*



## IMPORTANT LEGAL DOCUMENTS CHECKLIST

(See "Helpful Hints" page as reference)

Make a copy of each document listed below and check "yes" or "no" to indicate whether or not the document copy is stored in your EFFAK. We strongly recommend that you place the originals of all listed documents in an off-site safety deposit box and in a fireproof safe at home (see the "Five Tips to Prepare for an Emergency" page for details). Mail a copy of your EFFAK and legal documents to an attorney in an envelope to be opened with your approval or in the event you become incapacitated. See next page for a list of helpful hints regarding important legal documents.

### *Important Legal Documents*

### *Copy Attached*

- |                                                      |                              |                             |                              |
|------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 1. Birth Certificate(s)/Adoption papers              | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 2. Marriage License                                  | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 3. Social Security Card(s)                           | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 4. Military Discharge DD 214                         | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 5. Health Insurance ID Card(s)                       | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 6. Current Military ID                               | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 7. Life Insurance Policy or Policies (No. _____)     | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 8. Property Insurance Policy or Policies (No. _____) | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 9. Auto Registration/Ownership Papers (No. _____)    | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 10. Auto Insurance Policy or Policies (No. _____)    | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 11. Naturalization Documents                         | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 12. Power of Attorney                                | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 13. Short Form Will                                  | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 14. Passport                                         | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 15. Real Estate Deeds of Trust (No. _____)           | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 16. Previous Year Tax Returns                        | yes <input type="checkbox"/> | no <input type="checkbox"/> | n/a <input type="checkbox"/> |
| 17. Name and phone number of your attorney:          |                              |                             |                              |

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## **HELPFUL HINTS: IMPORTANT LEGAL DOCUMENTS**

These helpful hints provide direction in identifying the best resources for gathering the documents listed on the checklist (previous page).

- 1-2. You can obtain copies of birth, death, marriage, divorce and adoption certificates from your state health or social services administrations for a minimal fee.
3. If your income is reported to the IRS, you must have a Social Security card. Call your local Social Security office for assistance in obtaining new/replacement cards, or refer to the SSN FAQ Web page (<http://www.cpsr.org/cpsr/privacy/ssn/ssn.faq.html>) for further assistance.
4. If you are a veteran, obtain copies of your Military DD214 – the documents for veterans benefits and enhanced Social Security entitlements. Copies may be obtained by contacting the U.S. National Archives & Records Administration at 1-866-272-6272 or 1-86-NARA-NARA or by accessing Veterans Records online at: [http://www.archives.gov/research\\_room/vetrecs/index.html](http://www.archives.gov/research_room/vetrecs/index.html)
5. Obtain a copy of your Health Insurance ID Cards. These cards are invaluable if the original card is lost or destroyed.
6. If applicable, make a copy of your military ID and copy both sides. A copy of this ID will expedite obtaining a replacement if needed.
- 7-10. Call the claims number on the policy to verify that the number is current and write the number on the first page of the policy. With your policy number in-hand, you will be able to verify coverage.
11. Naturalization documents are the only acceptable proof of citizenship for individuals not born in the United States.
12. A Power of Attorney document will allow your spouse or trusted responsible relative to handle your affairs in the event you become incapacitated.
13. A Will is a helpful document that can help reduce family conflicts, probate, time and expenses.
14. A passport will expedite obtaining a replacement passport if needed and is an excellent form of identification if a driver's license is lost or destroyed.
15. A Real Estate Deed of Trust may be required to verify ownership in order to receive assistance.
16. Tax returns from the previous year may be required to apply for new loans and verify qualification for income-restricted entitlements.
17. Name and phone number of your attorney: \_\_\_\_\_



## **LEDGER OF YOUR IMPORTANT LEGAL DOCUMENTS**

Create a quick reference ledger of all personal legal documents you have included with EFFAK.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_



**EMERGENCY ASSISTANCE NUMBERS:**

***Emergency 9-1-1***

Keep in mind that for local emergencies, 9-1-1 is an important resource to consider.

***The Poison Control Center***

If you have a poisoning emergency, call 1-800-222-1222.

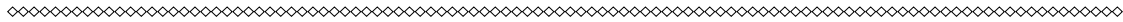
***The American Red Cross (ARC)***

Call the American Red Cross at 1-866-438-4636 and request contact information for your local American Red Cross office, including phone number and address.

**Record This Information:**

Local Number for the ARC: \_\_\_\_\_

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



***Federal Emergency Management Agency (FEMA)***

FEMA may be able to provide emergency assistance when there is a presidentially declared disaster in your area. People in the affected disaster area can register with FEMA through the tele-registration number. Because each case is reviewed individually, eligibility may vary from applicant to applicant.

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





**SCHOOL CONTACT INFORMATION:**

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of School/Daycare: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of School/Daycare: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of School/Daycare: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of School/Daycare: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of School/Daycare: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

*\*Make additional copies as required.*



**FINANCIAL ACCOUNT RELATIONSHIPS**  
*(Banks, Credit Unions, etc.)*

Name of Institution: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Institution Contact Person: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Institution Contact Person: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Institution Contact Person: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Institution Contact Person: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

*\*Make additional copies as required.*



**CREDIT/DEBIT CARD RELATIONSHIPS**

Card Type (MasterCard, Visa, AMEX, etc.): \_\_\_\_\_

Issuer of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Member Services Number: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

Card Type (MasterCard, Visa, AMEX, etc.): \_\_\_\_\_

Issuer of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Member Services Number: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

Card Type (MasterCard, Visa, AMEX, etc.): \_\_\_\_\_

Issuer of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Member Services Number: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

Card Type (MasterCard, Visa, AMEX, etc.): \_\_\_\_\_

Issuer of Card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Member Services Number: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

*\*Make additional copies as required.*



## INVESTMENT ACCOUNT RELATIONSHIPS

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

*\*Make additional copies as required.*



**INSURANCE POLICY RELATIONSHIPS**

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

*\*Make additional copies as required.*



**FINANCIAL OBLIGATIONS**  
*(Annual, Quarterly and Monthly Payments)*

Payee: \_\_\_\_\_  
Account/Policy Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Payment Address: \_\_\_\_\_  
Payment Amount: \_\_\_\_\_ Due Date(s): \_\_\_\_\_  
Date of Final Payment: \_\_\_\_\_

Payee: \_\_\_\_\_  
Account/Policy Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Payment Address: \_\_\_\_\_  
Payment Amount: \_\_\_\_\_ Due Date(s): \_\_\_\_\_  
Date of Final Payment: \_\_\_\_\_

Payee: \_\_\_\_\_  
Account/Policy Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Payment Address: \_\_\_\_\_  
Payment Amount: \_\_\_\_\_ Due Date(s): \_\_\_\_\_  
Date of Final Payment: \_\_\_\_\_

Payee: \_\_\_\_\_  
Account/Policy Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Payment Address: \_\_\_\_\_  
Payment Amount: \_\_\_\_\_ Due Date(s): \_\_\_\_\_  
Date of Final Payment: \_\_\_\_\_

*\*Make additional copies as required.*

