

Emergency Financial First Aid Kit (EFFAK)

Checklists and Forms

September 2015



FEMA

EFFAK™



Household Identification

Use this section to record important personal information for your household. This information can help you to:

- Prove the identity of all household members in a post-disaster situation;
- Maintain or re-establish contact with your family or other members of your household;
- Maintain contact with your employer or the employers of others in your household; and
- Apply for FEMA disaster assistance benefits (along with the information contained in the Financial and Legal Documentation section).

Checklist of Important Documents: Personal and Family Information

| TYPE OF DOCUMENT | HAVE | NEED | N/A | DATE ADDED/ UPDATED | TIPS AND LINKS |
|--|------|------|-----|------------------------|--|
| IDENTIFICATION DOCUMENTS | | | | | |
| Driver's license | | | | | Photocopy front and back |
| Other photo ID | | | | | Photocopy front and back |
| Birth certificate(s)/ adoption papers/ child custody documents | | | | | You can obtain copies of birth, adoption, death, marriage, and divorce certificates from your state health or social services administration office for a minimal fee. The Centers for Disease Control and Prevention (CDC) maintains a state-by-state contact list at: www.cdc.gov/nchs/w2w.htm . |
| Marriage license | | | | | |
| Divorce license | | | | | |
| Social Security card(s) | | | | | If you need a new card or a replacement card, call your local Social Security Administration (SSA) office for assistance at (800) 772-1213 and tell the operator where you live. To locate a nearby office, visit: https://secure.ssa.gov/apps6z/FOLO/fo001.jsp . |
| Child identity cards/ dental records/ DNA swabs | | | | | Ensure that you have your children's identification records, including recent photographs, child identity cards with fingerprints, dental records (typically stored by dental care providers), or DNA swabs. |

Checklist of Important Documents: Personal and Family Information

| TYPE OF DOCUMENT | HAVE | NEED | N/A | DATE ADDED/ UPDATED | TIPS AND LINKS |
|--|------|------|-----|------------------------|--|
| Passport/green card | | | | | Having a copy of your passport or Green Card will make obtaining a replacement quicker, if needed. Information about applying for and renewing a passport is available at: www.travel.state.gov/content/passports/english.html You can call the National Passport Information Center at (877) 487-2778 ((888) 874-7793 (TDD/TTY)). Information about applying for, renewing, and replacing a Green Card is available at: www.uscis.gov/greencard . |
| Naturalization documents | | | | | Information on U.S. Citizenship and Immigration Services is available at: www.uscis.gov . Naturalization documents are the only acceptable proof of citizenship for individuals not born in the United States. |
| MILITARY/SERVICE INFORMATION | | | | | |
| Current military ID | | | | | If you are a veteran, obtain copies of your DD 214, your military discharge form. Obtain copies by contacting the U.S. National Archives and Records Administration at (866) 272-6272 or 1-86-NARA-NARA, or by accessing Veterans Records online at www.archives.gov/veterans . |
| Military discharge record (DD 214)* | | | | | |
| PETS | | | | | |
| Pet ID tags | | | | | Ensure that you have a copy of your pet's ID tag numbers and microchip account information, if applicable. |
| Proof of pet ownership (photos of owners with pets, registration papers) | | | | | |
| Pet microchip information | | | | | |

*Certificate of Release or Discharge from Active Duty, issued by the U.S. Department of Defense.

Household Information

Because every household is different, these forms will need to be customized to meet your needs. Only you can know the information that is important for your household. For example, if someone in your household has more than one job, be sure to write down contact information for someone at each job.

YOUR NAME

.....
Last Name

.....
First Name

.....
Middle Name

.....
Date of Birth

.....
Place of Birth

RESIDENCE

.....
Address

.....
Apt.

.....
City

.....
State ZIP

.....
Home Phone

.....
Cell Phone

.....
Work Phone

.....
Email

.....
Other

YOUR EMPLOYMENT INFORMATION

.....
Company/Firm

.....
Address

.....
Suite

.....
City

.....
State ZIP

NAME OF SUPERVISOR OR OTHER WORK CONTACT

.....

| | | |
|-----------|------------|-------|
| Last Name | First Name | Title |
|-----------|------------|-------|

.....

| | |
|------------|-------|
| Work Phone | Email |
|------------|-------|

.....

| | |
|------------|-------|
| Home Phone | Other |
|------------|-------|

NAME OF SPOUSE/PARTNER

.....

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

.....

| | |
|---------------|----------------|
| Date of Birth | Place of Birth |
|---------------|----------------|

.....

| | |
|------------|------------|
| Cell Phone | Work Phone |
|------------|------------|

.....

| | |
|-------|-------|
| Email | Other |
|-------|-------|

YOUR SPOUSE/PARTNER EMPLOYMENT INFORMATION

.....

Company/Firm

.....

| | |
|---------|-------|
| Address | Suite |
|---------|-------|

.....

| | | |
|------|-------|-----|
| City | State | ZIP |
|------|-------|-----|

NAME OF SUPERVISOR/WORK CONTACT

.....

| | | |
|-----------|------------|-------|
| Last Name | First Name | Title |
|-----------|------------|-------|

.....

| | |
|------------|-------|
| Work Phone | Email |
|------------|-------|

.....

| | |
|------------|-------|
| Home Phone | Other |
|------------|-------|

EMERGENCY NOTIFICATION

Trusted family members or friends who should be notified in the event that something happens to you or your spouse.

.....
Contact #1 Relationship

.....
Work Phone Email

.....
Home Phone Cell Phone

.....
Contact #2 Relationship

.....
Work Phone Email

.....
Home Phone Cell Phone

LIST ALL CHILDREN AND OTHER INDIVIDUALS LIVING IN THE RESIDENCE

.....
Person #1 Last Name First Name Middle Name

.....
Email Cell Phone Date of Birth

.....
School/Employer Contact Name/Supervisor

.....
Contact Phone Email

.....
Person #2 Last Name First Name Middle Name

.....
Email Cell Phone Date of Birth

.....
School/Employer Contact Name/Supervisor

.....
Contact Phone Email

Person #3 Last Name First Name Middle Name

Email Cell Phone Date of Birth

School/Employer Contact Name/Supervisor

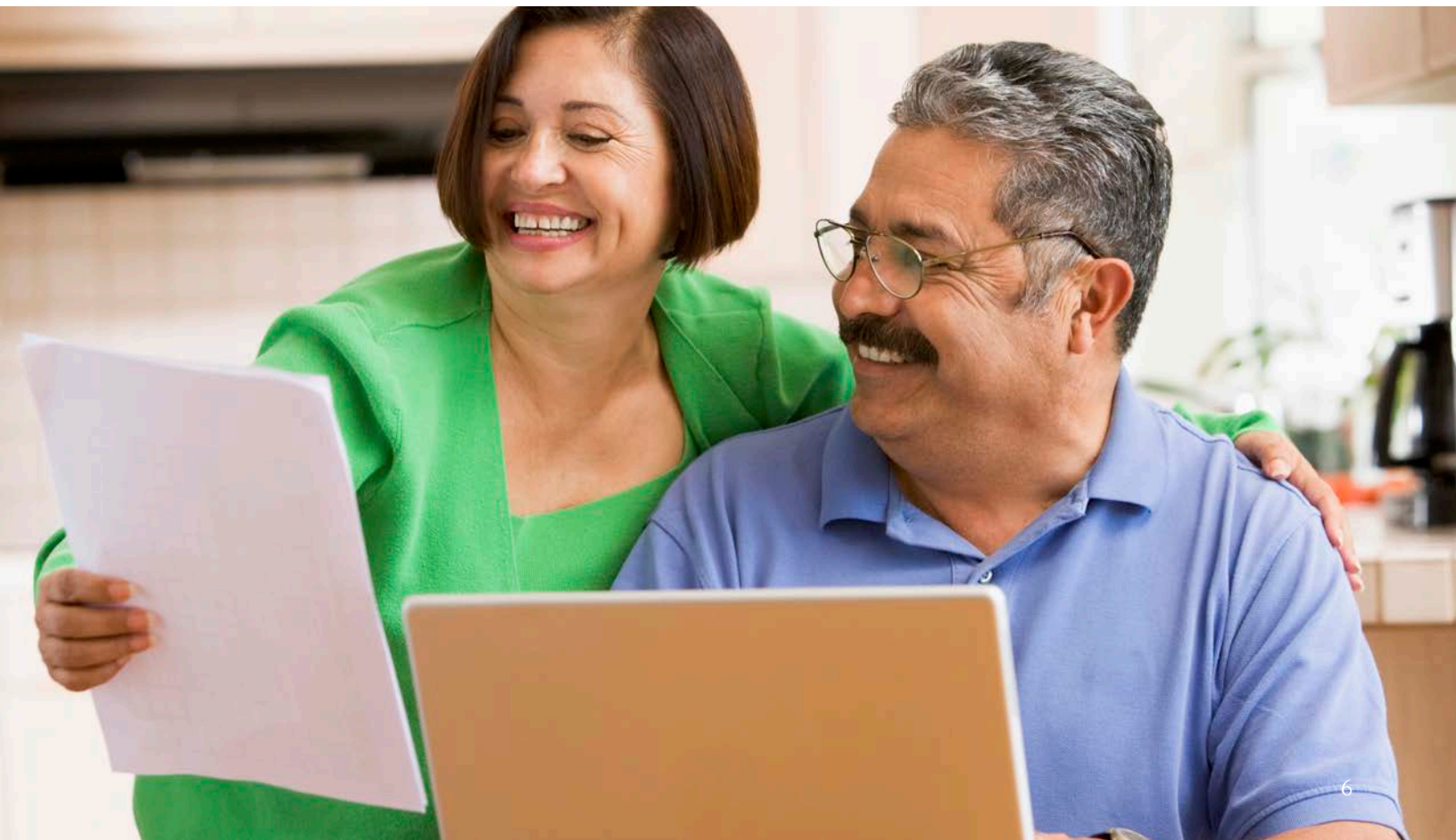
Contact Phone Email

Person #4 Last Name First Name Middle Name

Email Cell Phone Date of Birth

School/Employer Contact Name/Supervisor

Contact Phone Email



Financial and Legal Documentation

Please use this section to record information on your key accounts, including but not limited to:

- Housing payments
- Other financial obligations (for example, utility bills, credit/debit card accounts)
- Financial accounts (for example, checking, savings, or retirement accounts)
- Insurance policies
- Sources of income
- Tax statements
- Estate planning

This financial information is important because it can help you to:

- Identify your financial records and obligations (you may need to demonstrate proof of income when you apply for disaster assistance);
- Re-establish your financial accounts if checks are destroyed or your regular online access methods are disrupted;
- Maintain payments and credit;
- Provide contact information for actions to start recovery, such as contacting your insurance company to discuss damage and repairs, or contacting utilities regarding outages and restoration; and
- Apply for FEMA disaster assistance benefits (along with the material contained in the Household Identification section).

Important Reminder

In the event of an emergency or disaster, you are still responsible for paying your mortgage regardless of the condition of your house or its habitability. You are also responsible for paying your credit card bills. Failing to remain current with your payments could negatively affect your credit at a time when you need credit the most.

If an emergency or disaster causes you to lose income and you are unable to pay your bills, we recommend that you call your card issuers as soon as possible and explain your situation. Many card issuers will work with you to establish a schedule to accommodate you and your personal situation in times of emergency.

Checklist of Important Documents: Financial Information

| TYPE OF DOCUMENT | HAVE | NEED | N/A | DATE ADDED/ UPDATED | TIPS AND LINKS |
|--|------|------|-----|------------------------|---|
| HOUSING PAYMENTS | | | | | |
| Lease or rental agreement | | | | | Proof of housing rental may be required to receive Federal disaster assistance. If you need a copy of your lease or rental agreement, ask your property owner for a copy. |
| Mortgage or real estate deeds of trust | | | | | Proof of home ownership may be required to receive Federal disaster assistance. If you need a copy of your mortgage or deed of trust, contact your lending institution. NOTE: You must continue to pay your mortgage even if your home is destroyed or unlivable due to a disaster. Failure to pay your mortgage could put your loan in default, which could trigger a foreclosure. |
| Second mortgage/ private mortgage insurance | | | | | Include documentation of all mortgages on your home. |
| Home equity line of credit (HELOC) | | | | | Include copies of other loans or financial obligations tied to your home. |

OTHER PAYMENTS/FINANCIAL OBLIGATIONS

Include statements from all your accounts. These documents will include the name of the financial institution, the name of the account holder, the account number, and contact phone numbers.

| | | | | | |
|--------------------------------------|--|--|--|--|---|
| Utility bills (electric, water, gas) | | | | | If you do not have a copy of your lease, having proof of utility payments is very important for demonstrating proof of residence. |
| Loan payments for vehicles | | | | | Include copy of loan agreement. |
| Credit card | | | | | Include account number and phone numbers to report lost or stolen cards. |
| Credit card | | | | | |
| Credit card | | | | | |
| Student loan | | | | | Include copy of loan agreement. |

Checklist of Important Documents: Financial Information

| TYPE OF DOCUMENT | HAVE | NEED | N/A | DATE ADDED/ UPDATED | TIPS AND LINKS |
|---|------|------|-----|------------------------|---|
| OTHER PAYMENTS/FINANCIAL OBLIGATIONS | | | | | |
| Include statements from all your accounts. These documents will include the name of the financial institution, the name of the account holder, the account number, and contact phone numbers. | | | | | |
| Alimony payments | | | | | Include copy of payment agreement. |
| Child support payments | | | | | Include copy of payment agreement. |
| Elder care facilities | | | | | Include copy of payment agreement. |
| Automatic payments (such as gym memberships) | | | | | Include copy of payment agreement. |
| Other | | | | | |
| FINANCIAL ACCOUNTS/OTHER ASSETS | | | | | |
| Bank/credit union/debit card statements | | | | | Many people do the majority of their banking and other financial business electronically. If you bank electronically, periodically download electronic copies of your account statements on a removable flash or external hard drive, or print and store hard copies of account statements on a regular basis (for example, quarterly). The main goal of this activity is to document proof that you have an account, your account number, and the institution's contact information. |
| Retirement accounts (401K, TSP, IRA) | | | | | |
| Investment accounts (stocks, bonds, mutual funds) | | | | | |
| Vehicle registration/ownership papers | | | | | If you do not have your car ownership papers, you should be able to get a reissued vehicle title or registration from your local Department of Motor Vehicles. Visit www.fhwa.dot.gov/webstate.cfm to locate your state's department of transportation. |
| Other | | | | | |

Checklist of Important Documents: Financial Information

| TYPE OF DOCUMENT | HAVE | NEED | N/A | DATE ADDED/ UPDATED | TIPS AND LINKS |
|--|------|------|-----|------------------------|---|
| INSURANCE POLICIES | | | | | |
| Property/ homeowners/ renters insurance (including riders) | | | | | <p>Call the claims numbers on your insurance policies to verify that the policy numbers are correct. Retain a copy of the claims call number with your records. Review your policies' coverage to be sure they are still adequate.</p> |
| Copies of photos of property and contents (including photos of any valuable items that are separately covered) | | | | | |
| Auto insurance | | | | | |
| Life insurance | | | | | |
| Professional appraisals of personal property | | | | | |
| Other | | | | | |
| SOURCES OF INCOME | | | | | |
| Recent pay stubs for all sources of income | | | | | <p>Consider including one or two recent pay stubs for reference.</p> |
| Government benefits (Social Security, Temporary Assistance for Needy Families, Veterans benefits) | | | | | <p>Having proof of your income sources will be important if an emergency interrupts your income. To learn more about government benefits, grants, and financial aid and to obtain any needed documentation, please visit www.benefits.gov. If you receive paper checks for any of your Federal benefits, consider enrolling in automatic benefits through Go Direct (www.godirect.org).</p> |
| Alimony income | | | | | |
| Child support income | | | | | |
| Rewards accounts (frequent flyer programs, hotel rewards) | | | | | |
| Other | | | | | |

Checklist of Important Documents: Financial Information

| TYPE OF DOCUMENT | HAVE | NEED | N/A | DATE ADDED/ UPDATED | TIPS AND LINKS |
|--|------|------|-----|------------------------|--|
| TAX STATEMENTS | | | | | |
| Previous year's tax returns (Federal, state, and/or local) | | | | | Tax returns from the previous three years may be required to apply for some new loans. You may need to verify qualification for income-based assistance. Tax experts also recommend keeping all tax returns and records for seven years. |
| Property tax statement | | | | | |
| Personal property tax (for example, car tax) | | | | | |
| ESTATE PLANNING | | | | | |
| Will/Trust | | | | | A will is a legal document that specifies who will receive your property after your death. A trust holds the property transferred to it and can be disbursed before your death. Property passing through a trust also avoids probate. These documents can help reduce family conflicts, legal time, and expenses during the stressful time of losing a loved one. Most financial planners can help you create a will or trust, or you can contact a local legal aid office for assistance. |
| Power(s) of attorney (personal/property) | | | | | Giving someone "power of attorney" authorizes another person (not necessarily an attorney) to act on your behalf. You can give someone complete authority or authority that is limited to certain acts and/or certain periods of time. This is a legal document, and it should be prepared and reviewed by a lawyer. |
| Other | | | | | |

Financial Account Information

Note: If you have safeguarded copies of your financial accounts and payment obligations, you do not need to complete this section.

FINANCIAL ACCOUNT INFORMATION (Banks, Credit Unions, Retirement Accounts)

.....
Name of Institution

.....
Type of Account

.....
Last Four Digits of Account Number

.....
Institution Phone Number

.....
Website

FINANCIAL ACCOUNT INFORMATION (Banks, Credit Unions, Retirement Accounts)

.....
Name of Institution

.....
Type of Account

.....
Last Four Digits of Account Number

.....
Institution Phone Number

.....
Website

CREDIT/DEBIT CARD INFORMATION

.....
Card Type (MasterCard, Visa, American Express, etc.)

.....
Issuer of the Card

.....
Card Cancellation Phone Number

.....
Website

CREDIT/DEBIT CARD INFORMATION

.....
Card Type (MasterCard, Visa, American Express, etc.)

.....
Issuer of the Card

.....
Card Cancellation Phone Number

.....
Website

INSURANCE POLICIES

.....
Firm/Institution Name

.....
Name of Policy Holder

.....
Policy Number Claims Phone Number

.....
Type of Policy Value Coverage Period

.....
Website

INSURANCE POLICIES

.....
Firm/Institution Name

.....
Name of Policy Holder

.....
Policy Number Claims Phone Number

.....
Type of Policy Value Coverage Period

.....
Website

FINANCIAL OBLIGATIONS (Annual, Quarterly, and Monthly Payments)

.....
Payee Account/Policy Number
.....
Name of Account Holder
.....
Payment Amount Due Date(s)
.....
Date of Final Payment (if applicable)
.....
Website

FINANCIAL OBLIGATIONS (Annual, Quarterly, and Monthly Payments)

.....
Payee Account/Policy Number
.....
Name of Account Holder
.....
Payment Amount Due Date(s)
.....
Date of Final Payment (if applicable)
.....
Website

FINANCIAL OBLIGATIONS (Annual, Quarterly, and Monthly Payments)

.....
Payee Account/Policy Number
.....
Name of Account Holder
.....
Payment Amount Due Date(s)
.....
Date of Final Payment (if applicable)
.....
Website

Medical Information

Please use this section to collect information relating to the health and medical needs of your household.

Checklist of Important Documents: Medical Information

| TYPE OF DOCUMENT | HAVE | NEED | N/A | DATE ADDED/ UPDATED | TIPS AND LINKS |
|------------------|------|------|-----|------------------------|----------------|
|------------------|------|------|-----|------------------------|----------------|

MEDICAL

| | | | | | |
|---|--|--|--|--|--|
| Physician | | | | | You may wish to put a copy of your physician's or specialist's business card or paperwork from your most recent visit. |
| Pediatrician | | | | | |
| Medical specialist (e.g., dentist, optometrist) | | | | | |
| Copy of health insurance ID card(s), including Veteran Health Identification Card(s) | | | | | You can obtain a copy of your health insurance cards from your insurance provider or the Department of Veterans Affairs. |
| Copy of pharmacy ID card(s) | | | | | |
| Medicare card | | | | | |
| Medicaid card | | | | | |
| Record of immunizations/allergies | | | | | |
| Caregiver agency contract or service agreement | | | | | |
| List of medications you take on a regular basis | | | | | |
| Copies of current prescriptions (including glasses) | | | | | |
| List models, serial numbers, and suppliers for medical equipment (pacemakers, feeding pumps, home IV units, suction machines, wheelchairs, Braille or lower vision equipment) | | | | | |
| Disabilities documentation | | | | | |
| Living will/power of attorney (medical) | | | | | |
| Other | | | | | |

Checklist of Important Documents: Medical Information

| TYPE OF DOCUMENT | HAVE | NEED | N/A | DATE ADDED/ UPDATED | TIPS AND LINKS |
|-------------------------------------|------|------|-----|------------------------|---|
| PETS | | | | | |
| Veterinarian contact information | | | | | You may wish to put a copy of your veterinarian's business card or paperwork from your most recent visit in your EFFAK. |
| Pet immunization records | | | | | |
| Copies of current pet prescriptions | | | | | |



Household Contacts

It is important for you to have contact information for all your financial advisors, health professionals, and service providers. You may wish to put a copy of a business card in your EFFAK or write down contact information on the forms provided here. This information will serve as a backup in case your address book or contact lists are lost or destroyed during an emergency or disaster. These contacts could include, but are not limited to, the following:

- Landlord or mortgage representative
- Doctor, dentist, or other health care providers (for example, audiologists, kidney dialysis centers)
- Insurance agent
- Person in charge of your military benefits
- Social services representative (for services such as the Supplemental Nutrition Assistance Program, Aid to Family programs, Supplemental Security Income, and Social Security Disability Insurance)
- Local disability service provider or case manager
- Assistive technology or Durable Medical Equipment provider
- Lawyer
- Financial advisor
- Banking institution(s)
- Neighborhood, civic, and house of worship contacts
- Household service providers (for example, plumber, electrician, roofer, carpenter)

POINT OF CONTACT #1:

.....
Contact Type

.....
Last Name

.....
First Name

.....
Title

.....
Company/Firm

.....
Street

.....
Suite

.....
City

.....
State

.....
ZIP

.....
Work Phone

.....
Email

.....
Home Phone

.....
Fax

.....
Additional Information

POINT OF CONTACT #2:

.....
Contact Type

.....
Last Name

.....
First Name

.....
Title

.....
Company/Firm

.....
Street

.....
Suite

.....
City

.....
State

.....
ZIP

.....
Work Phone

.....
Email

.....
Home Phone

.....
Fax

.....
Additional Information

POINT OF CONTACT #3:

.....
Contact Type

.....
Last Name

.....
First Name

.....
Title

.....
Company/Firm

.....
Street

.....
Suite

.....
City

.....
State

.....
ZIP

.....
Work Phone

.....
Email

.....
Home Phone

.....
Fax

.....
Additional Information

POINT OF CONTACT #4:

.....
Contact Type

.....
Last Name

.....
First Name

.....
Title

.....
Company/Firm

.....
Street

.....
Suite

.....
City

.....
State

.....
ZIP

.....
Work Phone

.....
Email

.....
Home Phone

.....
Fax

.....
Additional Information

POINT OF CONTACT #5:

.....
Contact Type

.....
Last Name

.....
First Name

.....
Title

.....
Company/Firm

.....
Street

.....
Suite

.....
City

.....
State

.....
ZIP

.....
Work Phone

.....
Email

.....
Home Phone

.....
Fax

.....
Additional Information

POINT OF CONTACT #6:

.....
Contact Type

.....
Last Name

.....
First Name

.....
Title

.....
Company/Firm

.....
Street

.....
Suite

.....
City

.....
State

.....
ZIP

.....
Work Phone

.....
Email

.....
Home Phone

.....
Fax

.....
Additional Information

