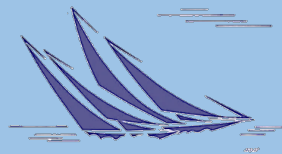

Preparing for Home/Personal Emergencies

Checklist and Planning Kit



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Preparing for Emergencies

Checklist and Planning Kit

Connelly Law Offices, Ltd. has prepared this document for you to have information in place should a home or personal emergency occur.

Certainly, your first concern will be the safety of yourself and your loved ones, but after the danger passes, you will need to begin rebuilding your life. Not having medical and financial records could lead to long delays in getting the assistance you may need. Having this information on hand can relieve some of the stress associated with a traumatic event.

Home emergencies could be everything from fires to hurricanes, tornadoes and even a powerful Nor'easter that can leave a community without power and other services for days or even weeks.

Personal emergencies could be an illness, accident or chronic illness that may affect cognitive abilities.

FEMA recommends you assemble a supply kit that includes three days of food and water for each member of your household. You can assemble one yourself or purchase pre-assembled kits in storage buckets from your local shopping club. Store the items in your designated household "safe location" for immediate access in an emergency.

Remember to include:

- flashlight and batteries
- emergency radio
- first aid kit
- whistle to signal for help
- wrench or pliers to turn off utilities

Unfortunately, we can't control nature and although we have some control over safety in the home, bad things can still happen, so it is important to be prepared in the event disaster does strike.

We hope you find this packet useful and can also be used just as an information tool. We suggest you make several copies of this packet and provide copies to someone you trust such as a loved one or attorney should you be unable to retrieve it. Review this list on a regular basis and update as needed.

Remember, guard this information and protect it.



Preparing for Emergencies Checklist and Planning Kit

HOUSEHOLD INFORMATION

Home Phone Number _____ Cell Phone _____

Home Address _____

HOUSEHOLD MEMBER 1

Name _____ Mobile Number _____

Email or Facebook _____

Important Medical Info _____

Prescription Name _____

Prescription Name _____

Prescription Name _____

Prescription Name _____

Emergency Plan Pickup _____

HOUSEHOLD MEMBER 2

Name _____ Mobile Number _____

Email or Facebook _____

Important Medical Info _____

Prescription Name _____

Prescription Name _____

Prescription Name _____

Prescription Name _____

Emergency Plan Pickup _____



Preparing for Emergencies Checklist and Planning Kit

HOUSEHOLD MEMBER 3

Name _____ Mobile Number _____

Email or Facebook _____

Important Medical Info _____

Prescription Name _____

Prescription Name _____

Prescription Name _____

Prescription Name _____

Emergency Plan Pickup _____

HOUSEHOLD MEMBER 4

Name _____ Mobile Number _____

Email or Facebook _____

Important Medical Info _____

Prescription Name _____

Prescription Name _____

Prescription Name _____

Prescription Name _____

Emergency Plan Pickup _____



Preparing for Emergencies Checklist and Planning Kit

IN CASE OF EMERGENCY CONTACT

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Address _____

Instructions _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Address _____

Instructions _____

IMPORTANT NUMBERS

Police Number _____ Emergency **911** _____

Fire Number _____ Emergency **911** _____

Poison Control _____ Emergency **911** _____

PCP Name _____ Phone Number _____

Doctor Name _____ Phone Number _____

Doctor Name _____ Phone Number _____

Doctor Name _____ Phone Number _____

Dentist Name _____ Phone Number _____

Hospital/Clinic _____ Phone Number _____

Pharmacy Name _____ Phone Number _____



Preparing for Emergencies Checklist and Planning Kit

INSURANCE INFORMATION

Medical Insurer _____ **Phone Number** _____

Policy Number _____

Special Info _____

Medical Insurer _____ **Phone Number** _____

Policy Number _____

Special Info _____

Home Insurer _____ **Phone Number** _____

Policy Number _____

Special Info _____

Flood Insurer _____ **Phone Number** _____

Policy Number _____

Special Info _____

Auto Insurer _____ **Phone Number** _____

Policy Number _____

Special Info _____



Preparing for Emergencies Checklist and Planning Kit

UTILITY INFORMATION

Electric Company _____ **Phone Number** _____

Account # _____

Special Info _____

Gas Company _____ **Phone Number** _____

Account # _____

Special Info _____

Water Company _____ **Phone Number** _____

Account # _____

Special Info _____

Phone Company _____ **Phone Number** _____

Account # _____

Special Info _____

Cell Provider _____ **Phone Number** _____

Account # _____

Special Info _____

Cable Company _____ **Phone Number** _____

Account # _____

Special Info _____



Preparing for Emergencies Checklist and Planning Kit

BANKING/FINANCIAL INFORMATION/ACCOUNT ACCESS

Bank #1	_____	Phone Number	_____
Account #	_____	Account Type	_____
User Name	_____	Password	_____

Bank #2	_____	Phone Number	_____
Account #	_____	Account Type	_____
User Name	_____	Password	_____

Bank #3	_____	Phone Number	_____
Account #	_____	Account Type	_____
User Name	_____	Password	_____

Stocks	_____	Phone Number	_____
Account #	_____	Account Type	_____
User Name	_____	Password	_____

Stocks	_____	Phone Number	_____
Account #	_____	Account Type	_____
User Name	_____	Password	_____

Other	_____	Phone Number	_____
Account #	_____	Account Type	_____
User Name	_____	Password	_____



Preparing for Emergencies Checklist and Planning Kit

BANKING/FINANCIAL INFORMATION/ACCOUNT ACCESS

Credit Card #1	_____	Phone Number	_____
Account #	_____	Account Type	_____
User Name	_____	Password	_____

Credit Card #2	_____	Phone Number	_____
Account #	_____	Account Type	_____
User Name	_____	Password	_____

Credit Card #3	_____	Phone Number	_____
Account #	_____	Account Type	_____
User Name	_____	Password	_____

Credit Card #4	_____	Phone Number	_____
Account #	_____	Account Type	_____
User Name	_____	Password	_____

Auto Loan	_____	Phone Number	_____
Account #	_____	Account Type	_____
Special Info	_____		_____

Auto Loan	_____	Phone Number	_____
Account #	_____	Account Type	_____
User Name	_____	Password	_____



Preparing for Emergencies Checklist and Planning Kit

PETS

Pet's Name _____ Type of Pet _____

Vet's Name _____ Vet's Number _____

Special Info _____

Pet's Name _____ Type of Pet _____

Vet's Name _____ Vet's Number _____

Special Info _____

Pet's Name _____ Type of Pet _____

Vet's Name _____ Vet's Number _____

Special Info _____

PERSONAL INFORMATION

Driver's Lic # _____ State _____

Name on License _____ Other _____

Special Info _____

Driver's Lic # _____ State _____

Name on License _____ Other _____

Special Info _____

Auto #1 - Make _____ Model _____

License Plate _____ Year _____

VIN Number _____

PERSONAL INFORMATION

Auto #2 - Make _____ Model _____
 License Plate _____ Year _____
 VIN Number _____

Auto #3 - Make _____ Model _____
 License Plate _____ Year _____
 VIN Number _____

PERSONAL INFORMATION - Checklist

Make a checklist of the personal identification items that you have available. Consider making copies of these items or knowing how to obtain duplicates if needed. We recommend storing some of these documents in a safe deposit box.

- Vital Records** *Birth, marriage, divorce records, adoption, child custody documents*
- Personal** *Passport, driver's license, Social Security card, green card, military service identification*
- Pets** *Pet ownership papers, vaccination documents, vet information*
- Housing** *Lease or rental agreement, mortgage, home equity line of credit, deed*
- Other** *Utility bills, credit cards, student loans, alimony, child support, elder care, automatic payments such as gym memberships*
- Vehicle** *Loan documents, VIN, registration, title*
- Finance Acct** *Checking, savings, debit cards, retirement, investment*



Preparing for Emergencies Checklist and Planning Kit

PERSONAL INFORMATION - Checklist

- Insurance** *Homeowners, renters, auto, life, flood, appraisals, photos, and lists of valuable items*

- Income Sources** *Pay stubs, government benefits, alimony, child support*

- Tax Info** *Federal/State income tax returns, property tax, vehicle tax*

- Estate Planning** *Will, trust, power of attorney*

ATTORNEY INFORMATION

Attorney Name _____ Phone Number _____
 Address _____

My attorney has copies of the following documents:

- | | |
|--|---|
| <input type="checkbox"/> Estate Planning/Trusts | <input type="checkbox"/> Deeds/Property Info |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Vital Records |
| <input type="checkbox"/> Advanced Care Planning/Healthcare Directives | <input type="checkbox"/> Vehicle records |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | |

Notes: _____

