

Emergency Financial First Aid Kit (EFFAK)			NAME				
Strengthen Your Financial Preparedness for Disasters and Emergencies			BIRTH_DATE				
March 2018			SSN				
FEMA P-1075/March 2018			CURRENT_DATE				
https://www.fema.gov/media-library-data/1524144185649-5dd9736e7ff89b5997182396f4e13fee/Emergency_Financial_First_Aid_Kit_(EFFAK)_signed_04.09.18_508.pdf							
DOCUMENT_TYPE	ID_1	ID_2	DATE_ISSUED	DATE_EXPIRED	DETAILS_1	DETAILS_2	TIPS_LINKS
DRIVER'S LICENSE							Photocopy front and back
OTHER PHOTO ID							Photocopy front and back
BIRTH CERTIFICATE							<p>You can get copies of birth, adoption, death, marriage, and divorce certificates from your state health or social services administration office for a small fee. The Centers for Disease Control and Prevention (CDC) maintains a state-by-state contact list at: www.cdc.gov/nchs/w2w.htm</p> <p>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/ICON/main.jsp</p>
ADOPTION PAPERS							
CHILD CUSTODY DOCUMENTS							
MARRIAGE LICENSE							
DIVORCE DECREE							
SOCIAL SECURITY CARD (S)							
CHILD IDENTITY CARDS							

DENTAL RECORDS							Make sure 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
DNA SWABS							
PASSPORT							Photocopy the first two pages of your passport or front and back of your Green Card. Having a copy of your passport or Green Card will make getting a replacement quicker, if needed. Information about applying for and renewing a passport is available at: https://travel.state.gov/passports , or you can call the National Passport Information Center at (877) 487-2778. Information about applying for, renewing, and replacing a Green Card is available at: www.uscis.gov/greencard
GREEN CARD							
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
CURRENT MILITARY ID							If you are a veteran, keep copies of your DD 214, which is your military discharge form. You can find copies by contacting the U.S. National Archives and Records Administration at (866) 272-6272, or by accessing Veterans Records online at: www.archives.gov/veterans
MILITARY DISCHARGE RECORD (DD 214)							
PET ID TAGS							
PROOF OF PET OWNERSHIP							

PET MICROCHIP INFOORMATION							Ensure that you have a copy of your pet's ID tag numbers and microchip account information, if your pet has one
EMOTIONAL SUPPORT LETTER							
CERTIFICATION FOR SERVICE ANIMALS							Individuals are not required by law to have this documentation. However, keep in mind that in the event of an emergency, shelters may need paperwork to tell the difference between pets, emotional support animals, and service animals you have with you

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	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	BIRTH PLACE	DETAIL	DETAIL	DETAIL	DETAIL	DETAIL	DETAIL
YOUR INFORMATION											
	ADDRESS	CITY	STATE	ZIP	HOME PHONE	CELL PHONE	WORK PHONE	EMAIL	DETAIL	DETAIL	DETAIL
RESIDENCE											
	ADDRESS	CITY	STATE	ZIP	DETAIL	DETAIL	DETAIL	DETAIL	DETAIL	DETAIL	DETAIL
MAILING ADDRESS											
	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	BIRTH PLACE	CELL PHONE	WORK PHONE	EMAIL	OTHER	DETAIL	DETAIL
NAME OF SPOUSE / PARTNER											
	COMPANY FIRM	ADDRESS	CITY	STATE	ZIP	DETAIL	DETAIL	DETAIL	DETAIL	DETAIL	DETAIL
YOUR EMPLOYMENT INFORMATION											
	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	BIRTH PLACE	CELL PHONE	WORK PHONE	EMAIL	DETAIL	DETAIL	DETAIL
SUPERVISOR OR WORK CONTACT											
	COMPANY FIRM	ADDRESS	CITY	STATE	ZIP	DETAIL	DETAIL	DETAIL	DETAIL	DETAIL	DETAIL
YOUR SPOUSE/PARTNER'S EMPLOYMENT INFORMATION											
	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	BIRTH PLACE	CELL PHONE	WORK PHONE	EMAIL	DETAIL	DETAIL	DETAIL
YOUR SPOUSE/PARTNER'S SUPERVISOR OR WORK CONTACT											
	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP_1	RELATIONSHIP_2	CELL PHONE	WORK PHONE	EMAIL	DETAIL	DETAIL	DETAIL
EMERGENCY INFORMATION CONTACT #1											
	LAST NAME	FIRST NAME	MIDDLE NAME	RELATIONSHIP_1	RELATIONSHIP_2	CELL PHONE	WORK PHONE	EMAIL	DETAIL	DETAIL	DETAIL
EMERGENCY INFORMATION CONTACT #2											
	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	BIRTH PLACE	CELL PHONE	WORK PHONE	EMAIL	SCHOOL / EMPLOYER	SUPERVISOR NAME	SUPERVISOR CONTACT INFO
CHILD 1											
	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	BIRTH PLACE	CELL PHONE	WORK PHONE	EMAIL	SCHOOL / EMPLOYER	SUPERVISOR NAME	SUPERVISOR CONTACT INFO
CHILD 2											
	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	BIRTH PLACE	CELL PHONE	WORK PHONE	EMAIL	SCHOOL / EMPLOYER	SUPERVISOR NAME	SUPERVISOR CONTACT INFO
CHILD 3											
	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	BIRTH PLACE	CELL PHONE	WORK PHONE	EMAIL	SCHOOL / EMPLOYER	SUPERVISOR NAME	SUPERVISOR CONTACT INFO
ROOMMATE 1											
	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	BIRTH PLACE	CELL PHONE	WORK PHONE	EMAIL	SCHOOL / EMPLOYER	SUPERVISOR NAME	SUPERVISOR CONTACT INFO
ROOMMATE 2											
	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	BIRTH PLACE	CELL PHONE	WORK PHONE	EMAIL	SCHOOL / EMPLOYER	SUPERVISOR NAME	SUPERVISOR CONTACT INFO
ROOMMATE 3											
	LAST NAME	FIRST NAME	MIDDLE NAME	BIRTH DATE	BIRTH PLACE	CELL PHONE	WORK PHONE	EMAIL	SCHOOL / EMPLOYER	SUPERVISOR NAME	SUPERVISOR CONTACT INFO

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DOCUMENT_TYPE	ID_1	ID_2	DATE_ISSUED	DATE_EXPIRED	DETAILS_1	TIPS_LINKS
LEASE OR RENTAL AGREEMENT						Include copy of payment agreement
MORTGAGE OR REAL ESTATE DEEDS OF TRUST						Include copy of payment agreement and any check stubs or receipts of payments
SECOND MORTGAGE						Include copy of payment agreement
THIRD MORTGAGE						Include copy of payment agreement
PRIVATE MORTGAGE INSURANCE						<p>Many people do most of their banking and other financial business online. If you bank electronically, download electronic copies of your account statements on a removable flash or external hard drive every few months. You can also print and store hard copies of account statements on a regular basis (for example, every three months). The main goal of this is to keep proof that you have an account, your account number, and the institution's contact information.</p>
HOME EQUITY LINE OF CREDIT (HELOC)						
ELECTRIC BILL WATER BILL						

GAS BILL							
SPECIAL UTILITY BILLS							
VEHICLE LOAN 1							
VEHICLE LOAN 2							
VEHICLE LOAN 3							
VEHICLE LOAN 4							
VEHICLE LOAN 5							
CREDIT CARD 1							
CREDIT CARD 2							
CREDIT CARD 3							

STUDENT LOANS UNDERGRADUATE							
STUDENT LOANS GRADUATE							
STUDENT LOANS LAW SCHOOL							
STUDENT LOAN MEDICAL SCHOOL							
STUDENT LOANS ACTUARIAL SCHOOL							
TAX RETURNS 2 YEARS AGO							
TAX RETURNS 1 YEAR AGO							
TAX RETURNS THIS YEAR							

PROPERTY TAX STATEMENTS							
PERSONAL PROPERTY TAX (FOR EAMPLE, CAR TAX)							
ALIMONY PAYMENTS							
CHILD SUPPORT PAYMENTS							
ELDER 1 CARE FACILITIES							
ELDER 2 CARE FACILITIES							
AUTOMATIC PAYMENT 1							
AUTOMATIC PAYMENT 2							

AUTOMATIC PAYMENT 3							
BANK STATMENTS	POINTER:	POINTER:					
CREDIT UNION PAYMENTS	POINTER:	POINTER:					
DEBIT CARD STATMENTS	POINTER:	POINTER:					
PREPAID DEBIT STATEMENTS	POINTER:	POINTER:					
401K	POINTER:	POINTER:					
TSP	POINTER:	POINTER:					
IRA	POINTER:	POINTER:					

STOCKS	POINTER:	POINTER:					
BONDS	POINTER:	POINTER:					
MUTUAL FUNDS	POINTER:	POINTER:					
VEHICLE REGISTRATIONS	POINTER:	POINTER:					
OWNERSHIP PAPERS	POINTER:	POINTER:					
PROPERTY INSURANCE							
HOMEOWNERS INSURANCE							
RENTERS INSURANCE							

ART INSURANCE							
ACADEMIC INSURANCE							
COMPOSEABLE INSURANCE							
ATHLETIC INSURANCE							
DEFAMATION INSURANCE							
DIVORCE INSURANCE							
EYE INSURANCE							
EAR INSURANCE							

NOSE INSURANCE							
MOUTH INSURANCE							
SKIN INSURANCE							
AUTO INSURANCE							
LIFE INSURANCE							
ERRORS AND OMISSIONS INSURANCE							
PROFESSIONAL APPRAISALS OF PERSONAL PROPERTY	POINTER:	POINTER:					
PET INSURANCE							

FLOOD INSURANCE							
FUNERAL INSURANCE							
HURRICANE INSURANCE							
FIRE INSURANCE							
RECENT PAY STUBS FOR ALL FORMS OF INCOME							
SOCIAL SECURITY							
WELFARE							
VETERANCE BENEFITS							

ALIMONY INCOME							
CHILD SUPPORT INCOME							
FREQUENT FLYER PROGRAMS							
HOTEL REWARDS							
FACEBOOK							
INSTAGRAM							
TWITTER							
OTHER CLOUD ACCOUNTS							

LIVING WILL							
WILL CHILDREN TRUST							
GRANDCHILDEN TRUST							
MEDICAL POWER OF ATTORNEY							
FINANCIAL POWER OF ATTORNEY							
INVESTING POWER OF ATTORNEY							
OPERATIONAL POWER OF ATTORNEY							

POINT OF CONTACT 6	NAME			
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	INSTITUTION_NAME	ACCOUNT_TYPE	ACCOUNT_LAST_FOUR_DIGITS	INSTITUTION_PHONE	EMAIL	DETAIL	DETAIL	DETAIL
FINANCIAL ACCOUNT 1								
FINANCIAL ACCOUNT 2								
FINANCIAL ACCOUNT 3								
FINANCIAL ACCOUNT 4								
FINANCIAL ACCOUNT 5								
	CARD_TYPE	CARD_ISSUER	CARD_CANCELLATION_PHONE	WEBSITE	BIRTH_PLACE	CELL_PHONE	WORK_PHONE	EMAIL
DEBIT CARD 1								
DEBIT CARD 2								
DEBIT CARD 3								
CREDIT CARD 1								
CREDIT CARD 2								
CREDIT CARD 3								
	INSTITUTION_NAME	POLICY HOLDER_NAME	POLICY_NUMBER	CLAIMS_PHONE	POLICY_TYPE	VALUE	COVERAGE_PERIOD	WEBSITE
INSURANCE POLICY 1								
INSURANCE POLICY 2								
INSURANCE POLICY 3								
INSURANCE POLICY 4								

INSURANCE POLICY 5								
INSURANCE POLICY 6								
INSURANCE POLICY 7								
INSURANCE POLICY 8								
	PAYEE	ACCOUNT_NUMBER	ACCOUNT_HOLDER_NAME	PAYMENT_AMOUNT	DUE_DATES	PAYMENT_FINAL_DATE	WEBSITE	WEBSITE
FINANCIAL OBLIGATION 1								
FINANCIAL OBLIGATION 2								
FINANCIAL OBLIGATION 3								
FINANCIAL OBLIGATION 4								
FINANCIAL OBLIGATION 5								
FINANCIAL OBLIGATION 6								

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DOCUMENT_TYPE	ID_1	ID_2	DATE_ISSUED	DATE_EXPIRED	DETAILS_1	DETAILS_2	TIPS_LINKS
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							
DENTIST							
OPTOMETRIST							
DERMATOLOGIST							
OTHER MEDICAL SPECIALISTS							
MEDICAL INSURANCE 1							You can get a copy of your health insurance cards from your insurance provider or the Department of Veteran Affairs
MEDICAL INSURANCE 2							
PRESCRIPTION INSURANCE							
DENTAL INSURANCE							

VISION INSURANCE							
VETERAN HEALTH IDENTIFICATION CARDS							
MEDICARE CARD							
MEDICAID CARD							
IMMUNIZATION RECORDS							
ALLERGY RECORDS							
CAREGIVER AGENCY CONTRACT							
CAREGIVER SERVICE AGREEMENT							
LIST OF MEDICATIONS							
COPIES OF CURRENT PRESCRIPTIONS							
MEDICAL EQUIPMENT (PACEMAKERS, FEEDING PUMPS, HOME IV UNITS, SUCTION MACHINE, CPAP, WHEELCHAIRS, BRAILLE OR LOWER VISION)							
DISABILITIES DOCUMENTS							

LIVING WILL							A living will is a legal document that explains the type of care and degree of medical attention you would want in the event of a life-threatening medical condition. These can be obtained free of charge. Discuss this with your health care provider
MEDICAL POWER OF ATTORNEY							
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 PET PRESCRIPTIONS							

