

Fill out this form when you begin your phase 1 evaluation

Evaluate your current financial standing

- ☐ Complete Step 1 in the [Financial Plan](#)
 - Evaluate tithing paid, are you current? Y/N
 - Value of your *balance sheet*: _____
 - Value of your *cash flow statement*: _____
 - Value of your *Debt Ratio*: _____
 - Value of your *Current Ratio*: _____
 - Value of your *Liquidity Ratio*: _____
 - Value of your *Debt-payments Ratio*: _____
 - Value of your *Savings Ratio*: _____
- ☐ Complete Step 1 in the [Estate Plan](#)
 - Have an up-to-date will? Y/N
 - Have an up-to-date Living Trust? Y/N
 - Have an up-to-date pour-over-will Y/N
 - Have an up-to-date Health Care Power-of-Attorney Y/N
 - Have an up-to-date General Durable Power-of-Attorney Y/N
 - Have an up-to-date Key Document Locator Y/N
 - Have an up-to-date General Personal Life History Y/N
 - Have an up-to-date "personal letters to heirs" Y/N
 - Have an up-to-date "family medical history" document Y/N

Evaluate your Food storage

- ☐ Inventory your current food storage
 - Grains: _____ #
 - Legumes: _____ #
 - Powdered Milk: _____ #
 - Cooking oil: _____ quarts
 - Sweetener: _____ #
 - Salt: _____ #
 - Protein: _____ #
 - Fruit: _____ Quarts
 - Vegetables: _____ Quarts

- Dairy: _____ Quarts
 - You can also track your inventory in Excel, Home Food Storage (iPhone app), * (Android app),
- ☐ Check on your storage locations for suitability
 ___Good ___Ok but needs improvement ___None
- ☐ Inventory water storage/supply. Total gallons:_____

Evaluate your emergency supplies

- ☐ Inventory all first-aid & medical supplies (write down all supplies & quantities)
- ☐ Check on expiration dates for medicine
 - ☐ Properly dispose of unused non-OTC medicine
 - Do not flush/wash down the water system! They may be disposed of at a medical drop box (one exists at the Centerville city police station)
 - ☐ Inventory your 72-hour kit supplies (write down all supplies & quantities)
- ☐ Inventory your clothing supplies
- Inventory by season (summer/winter)

Inventory energy supplies

- ☐ Check heat sources (in case of no/limited utilities)
- Sufficient: Y/N
- ☐ Check cooking sources (in case of no/limited utilities)
- Sufficient: Y/N
- ☐ Inventory fuel supply
- Gasoline: _____ gallons
 - Wood: _____ cords
 - Propane: _____ liters
 - Other: _____

Audit home efficiency

- ☐ Check Insulation levels
- Attic: _____
 - Exterior walls: _____
- ☐ Door/window weather stripping Y/N/Partial
- ☐ Radiant barrier in attic Y/N
- ☐ Ceiling/attic lights sealed Y/N
- ☐ Exterior outlets/switches sealed Y/N
- ☐ Exterior walls & ceilings checked with a IR gun if possible
- ☐ Evaluate AC (if present) Size: _____ tons; Efficiency: _____ SEER

Inventory protection

- ☐ Evaluate insurance policies and coverage
 - Health insurance coverage Premium_____ Max OOP_____ Deductible _____
 - Home/renters insurance: Premium_____ Deductible_____ Coverage amt _____
 - Transportation (e.g. auto, motorcycle, boat) insurance
 - Deductible _____ Bodily PPerson_____ Collision_____
 - Uninsured per person/occurrence/property: _____/_____/_____
 - Property damage limits per occurrence_____
 - Life insurance: Premium_____ Coverage_____
 - Disability/dismemberment insurance Y/N Coverage amt._____

Evaluate & audit home protection

- ☐ Check if exists, & test, smoke detectors each bedroom
 - Present & pass Y/N Rooms missing/fail:_____
- ☐ Check if exists, & test, smoke detectors on each floor
 - Present & pass Y/N Rooms missing/fail:_____
- ☐ Check if exists, & check charge, fire extinguisher in kitchen, garage and furnace room
 - Present & pass Y/N Places missing/fail:_____
- ☐ Check if exists, & test, carbon monoxide/dioxide detector on each floor
 - Present & pass Y/N Floors missing/fail:_____
- ☐ Check if exists, & quality, of water heater earthquake strap
 - Present & pass Y/N
- ☐ Check if exists, & quality, of water expansion tank
 - Present & pass Y/N
- ☐ Check if exists, & level, radon detector in basement. Radon level: _____

Check to know location, and ability to shut-off

- ☐ Electricity (main and breakers)
- ☐ Natural gas
- ☐ Water

Roof

- ☐ Check roof for loose shingles. Age of shingles: _____ years
- ☐ Check caulking around any fireplaces or skylights
 - Condition: _____

▪ If home security system Y/N

- ☐ Ample coverage on all egresses (windows & doors) Y/N
- ☐ Ample coverage of cameras Y/N
- ☐ Verify system is working Y/N

▪ If firearms Y/N

- ☐ Ammunition is in good condition Y/N
- ☐ Firearm is clean and in good condition Y/N
- ☐ Firearm and ammunition are not easily accessible to non-adults Y/N

Audit internet security

- ☐ Verify all handheld devices have internet filter which covers wifi and data
 - All tablets: Installed Y/N configured Y/N Always on Y/N
 - Missing:_____
 - All phones: Installed Y/N configured Y/N Always on Y/N
 - Missing:_____
- ☐ Verify all desktops/laptops have internet filter
 - Installed Y/N configured Y/N Always on Y/N
 - Missing:_____
- ☐ Home network uses a DNS blacklist filter Y/N
- ☐ Home network has IDS Y/N
- ☐ Wifi uses a WPA2 key Y/N
- ☐ Only required ingress ports opened (and these to a DMZ or forwarded to a single box) Y/N
- ☐ Only required egress ports opened Y/N