



Emergency Financial First Aid Kit (EFFAK)

Checklists and Forms

Strengthen Your Financial Preparedness
for Disasters and Emergencies

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FEMA

EFFAK™

The Emergency Financial First Aid Kit is available for free from the Federal Emergency Management Agency (FEMA). Call **(800) 480-2520** and ask for publication number P-2063. It is also available as a free download online at: www.ready.gov/financialpreparedness and at www.operationhope.org.



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Strengthen Your Financial Preparedness for Emergencies Big and Small

When it comes to emergencies, Americans face more than just earthquakes, tornadoes, and hurricanes. We also deal with flat tires, broken water heaters, and sudden medical expenses. Both big disasters and unexpected bills take time, money, and resources away from other priorities. So why aren't we doing more to get prepared?

Studies tell us income is often the most important factor in individual and family preparedness. Research shows that as an individual's income goes up, they are more likely to take action to prepare. However, we also know that as a person's income decreases, they are less likely to set aside money for emergencies. So, it is clear that a lack of income and savings is a major obstacle to building a rainy-day fund, stockpiling supplies, or buying insurance.

Since 2004, Operation HOPE and FEMA have been regularly collaborating to build financial preparedness through the Emergency Financial First Aid Kit (EFFAK). We listened to the feedback we received from families, community leaders, and financial experts to make this document as useful as possible. The EFFAK can help you start to prepare by offering guidance on organizing and securing important documents. This new edition of the EFFAK also provides important advice on managing finances, offers insights on dealing with credit scores, and describes what to expect should a disaster strike your community. All of this will help families prepare today for both the big incidents and minor emergencies.

As individuals and as a nation, we have to do more to prepare for the disasters and emergencies we face. This includes learning basic skills that could save someone's life after an accident, or practicing emergency communications plans with loved ones. It means talking to co-workers about how to get back to business quickly and safely after a disaster. But it all starts with each of us knowing how to manage our finances. Individuals and families must have a financial plan to face emergencies, big and small. Only then can we build a true culture of preparedness in every home and community across America. We thank you for being a part of this effort.



Daniel Kaniewski, PhD
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John Hope Bryant
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EFFAK Checklists and Forms

This section discusses the following four types of key records and contact information:

- Household Identification
- Financial and Legal Documentation
- Medical Information
- Household Contacts

Each section includes **checklists** and contact **forms** to help you collect and assemble your relevant documents and information.

Each checklist includes the following columns:

- **Type of Document:** This column provides a list of the specific documents for the category (e.g., driver’s license, bank statements, and health insurance cards).
- **Have:** Check the box in this column if you have either a paper or electronic copy of the listed document.
- **N/A (Not Applicable):** Check the box in this column if you do not need this document or if it does not apply to you, your family, or your household. Remember to review your checklist and update documents if your household circumstances change.
- **Date Added/Updated:** Enter the date in this column when you add the paper and/or electronic copy of a document to your EFFAK. This information will serve as a useful reference point to remind you when it is time to review or update the document. You can then enter the new date in this column when you review your EFFAK or make updates.
- **Tips and Links:** This column provides additional details about certain documents, as well as suggestions and links on how to contact agencies or organizations to request paper or electronic copies of your documents.

Consider the following when using the EFFAK checklists:

- When you complete the first two sections—**Household Identification** and **Financial and Legal Documentation**—you will have the information needed to apply for FEMA disaster assistance. For information on personal disaster preparedness or FEMA disaster assistance, visit: www.ready.gov and www.disasterassistance.gov. For more information on how to prepare your small business for disaster, visit: www.sba.gov/emergencypreparedness and www.ready.gov/business.
- You may not require all documents listed in the EFFAK checklists as they may not be relevant to you, your family, or your household.
- If you identify an important document that you do not currently have, contact the appropriate company or agency to obtain a copy of the document.

- If the document is an item that you normally carry with you (e.g., an insurance card or military ID that you keep in your wallet or purse), make a copy of the item and store that copy with your EFFAK.

Household Identification

Use this section to write down important information about your household. This information can help you to:

- Prove the identity of all household members after a disaster strikes;
- 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, if eligible (along with the information contained in the **Financial and Legal Documentation** section).

| Checklist of Important Documents: Personal and Family Information | | | | |
|---|------|-----|--------------------|---|
| Type of Document | Have | N/A | Date Added/Updated | Tips and Links |
| IDENTIFICATION DOCUMENTS | | | | |
| Driver's license | | | | Photocopy the front and back. |
| Other photo ID | | | | Photocopy the front and back. |
| Birth certificate(s)/adoption papers/child custody documents | | | | 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/ . |
| Marriage license | | | | |
| Divorce decree | | | | |
| 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/ICON/main.jsp . |
| Child identity cards/dental records/DNA swabs | | | | 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. |
| Passport/Green Card | | | | 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: www.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 . |
| 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: www.uscis.gov . |

Checklist of Important Documents: Personal and Family Information

| Type of Document | Have | N/A | Date Added/ Updated | Tips and Links |
|---|------|-----|------------------------|---|
| MILITARY/SERVICE INFORMATION | | | | |
| 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) | | | | |
| PETS | | | | |
| Pet ID tags | | | | Ensure that you have a copy of your pet's ID tag numbers and microchip account information, if your pet has one. Also, include a current photograph of you with your pet. |
| Proof of pet ownership (e.g. photos of owners with pets, registration papers) | | | | |
| Pet microchip information | | | | |
| Emotional support letter | | | | An emotional support letter is a document provided by a licensed mental health professional that confirms your need for the support animal and states that you are under the care of a licensed doctor or therapist who has prescribed to you an emotional support animal. |
| Certification for service animals | | | | There are no legal requirements for individuals to have this documentation. However, keep in mind that in the event of an emergency, shelters may need paperwork to differentiate between pets, emotional support animals, and service animals you have with you. |

Household Information

Because every household is different, you will need to **customize these forms to meet your needs**. 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: | |

CURRENT MAILING ADDRESS OR P.O. BOX

| | | |
|----------|--------|------|
| Address: | | Apt: |
| City: | State: | ZIP: |

NAME OF SPOUSE/PARTNER

| | | |
|----------------|-----------------|--------------|
| Last Name: | First Name: | Middle Name: |
| Date of Birth: | Place of Birth: | |
| Cell Phone: | | Work Place: |
| 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: | |

YOUR SPOUSE/PARTNER'S EMPLOYMENT INFORMATION

| | | |
|---------------|--------|--------|
| Company/Firm: | | |
| Address: | | Suite: |
| City: | State: | ZIP: |

NAME OF YOUR SPOUSE/PARTNER'S SUPERVISOR/WORK CONTACT

| | | |
|-------------|-------------|--------|
| Last Name: | First Name: | Title: |
| Work Phone: | Email: | |
| Home Phone: | Other: | |

EMERGENCY NOTIFICATION

In the following forms, list trusted family members, friends, or neighbors who should be notified if 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

Use this section to record information on your **key accounts**, including but not limited to:

- Housing payments;
- Other financial obligations (e.g., utility bills, credit/debit card accounts, receipts from child support payments);
- Financial accounts (e.g., checking, savings, or retirement accounts);
- Insurance policies;
- Sources of income;
- Tax statements; and
- Estate planning.



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

- Identify your financial records and responsibilities (you may need to show 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 not working or inaccessible;
- Maintain payments and credit;
- Be able to speak to companies and individuals who can help you to start recovery (e.g., contacting your insurance company to discuss damages and repairs, contacting utilities regarding outages and solutions); and
- Apply for FEMA disaster assistance, if eligible (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 whether you can live in it. You are also responsible for paying your credit card bills. If you do not pay your bills, this can 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 credit card issuers as soon as possible and explain your situation. Many card issuers will work with you to create a schedule that works for your personal situation in times of emergency. For more information on the impact of natural disasters on banking, visit:

www.fdic.gov/news/disaster/consumers.html.

| Type of Document | Have | N/A | Date Added/ Updated | Tips and Links |
|--|------|-----|------------------------|--|
| HOUSING PAYMENTS | | | | |
| Lease or rental agreement | | | | You may require proof of housing/rental 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 | | | | You may require proof of home ownership 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 a disaster destroys your home or makes it uninhabitable. Failure to pay your mortgage could put your loan in default, which could result in foreclosure. |
| Second mortgage/private mortgage insurance | | | | Include documentation of all mortgages on your home. |
| Home equity line of credit | | | | Include copies of other loans or financial responsibilities 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 (e.g., electric, water, gas) | | | | If you do not have a copy of your lease, having proof of utility payments is very important for showing proof of residence. |
| Loan payments for vehicles | | | | Include a copy of the loan agreement. |
| Credit card #1 | | | | Include the account number, routing number, verification codes, and phone numbers to report lost or stolen cards. |
| Credit card #2 | | | | |
| Credit card #3 | | | | |
| Student loan | | | | Include a copy of the loan agreement. |
| Alimony payments | | | | Include a copy of the payment agreement. |
| Child support payments | | | | Include a copy of the payment agreement and any check stubs or receipts of payments. |
| Elder care facilities | | | | Include a copy of the payment agreement. |
| Automatic payments (e.g., gym memberships) | | | | Include a copy of the payment agreement. |
| Other | | | | |
| FINANCIAL ACCOUNTS/OTHER ASSETS | | | | |
| Bank/credit union/debit card/prepaid debit statements | | | | 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 |

| | Have | N/A | Date Added/ Updated | Tips and Links |
|--|------|-----|------------------------|--|
| Retirement accounts (401K, Thrift Savings Plan, Individual Retirement Account (IRA)) | | | | flash or external hard drive every few months. You can also print and store hard copies of account statements on a regular basis (e.g., 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. |
| Investment accounts (e.g., stocks, bonds, mutual funds) | | | | |
| Vehicle registration/ ownership papers | | | | If you do not have your car ownership papers, you should be able to get a re-issued vehicle title or registration from your local Department of Motor Vehicles. |
| Other | | | | |
| Property/homeowners/ renters insurance (including riders) | | | | 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. Many insurance policies are not active until 30 days after you sign the paperwork. Review your policies' coverage to be sure they are still enough to support you and your family. For more tips on how to insure your home, visit: http://www.usa.gov/property-insurance . |
| 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 | | | | |
| Pet insurance | | | | |
| Flood insurance | | | | Floods are the nation's most common natural disaster. Flood damage is rarely covered under your homeowners or renters insurance. To learn more about coverage options, contact your agent, call the NFIP Help Center at 1-800-427-4661, or visit www.floodsmart.gov . |
| Funeral insurance | | | | |
| Other | | | | |
| Recent pay stubs for all sources of income | | | | Consider including one or two recent pay stubs for reference. |
| Government benefits (e.g., Social Security, Temporary Assistance for Needy Families, Veterans benefits) | | | | 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, visit: www.benefits.gov . If you receive paper checks for any of your Federal benefits, consider signing up for automatic benefits through Go Direct (http://www.fiscal.treasury.gov/GoDirect/). |

Checklist of Important Documents: Financial Information

| Type of Document | Have | N/A | Date Added/ Updated | Tips and Links |
|---|------|-----|------------------------|---|
| Alimony income | | | | |
| Child support income | | | | |
| Rewards accounts (e.g., frequent flyer programs, hotel rewards) | | | | |
| Other | | | | |
| TAX STATEMENTS | | | | |
| Previous year's tax returns (Federal, state, and/or local) | | | | You may need tax returns from the previous three years to apply for some new loans. Check whether you are eligible for income-based assistance. Tax experts also recommend keeping all tax returns and records for seven years. |
| Property tax statement | | | | |
| Personal property tax (e.g., 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 you can give it to a trusted loved one before your death. These documents can help reduce family conflicts, legal time, and financial costs 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 help. Remember to file a living will and advance directive with hospitals and primary care doctors. |
| Power(s) of attorney (personal/property) | | | | Giving someone "power of attorney" allows another person to act on your behalf. This person does not need to be an attorney to give them power of attorney. 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 that a lawyer should write and review. |
| Other | | | | |

Financial Account Information

Note: Safeguard your documents by keeping an **extra copy** in a safe place that you can access if your main copy is damaged or misplaced.

FINANCIAL ACCOUNT INFORMATION (BANKS, CREDIT UNIONS, RETIREMENT ACCOUNTS) #1

| | |
|-------------------------------------|------------------|
| Name of Institution: | Type of Account: |
| Last Four Digits of Account Number: | |
| Institution Phone Number: | Website: |

FINANCIAL ACCOUNT INFORMATION (BANKS, CREDIT UNIONS, RETIREMENT ACCOUNTS) #2

| | |
|-------------------------------------|------------------|
| Name of Institution: | Type of Account: |
| Last Four Digits of Account Number: | |
| Institution Phone Number: | Website: |

CREDIT/DEBIT CARD INFORMATION #1

| | |
|---|----------|
| Card Type (e.g., MasterCard, Visa, American Express): | |
| Issuer of the Card: | |
| Card Cancellation Phone Number: | Website: |

CREDIT/DEBIT CARD INFORMATION #2

| | |
|---|----------|
| Card Type (e.g., MasterCard, Visa, American Express): | |
| Issuer of the Card: | |
| Card Cancellation Phone Number: | Website: |

INSURANCE POLICIES #1

| | | | |
|------------------------|--------|------------------------|--|
| Firm/Institution Name: | | Name of Policy Holder: | |
| Policy Number: | | Claims Phone Number: | |
| Type of Policy: | Value: | Coverage Period: | |
| Website: | | | |

INSURANCE POLICIES #2

| | | | |
|------------------------|--------|------------------------|--|
| 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) #1

| | |
|--|------------------------|
| Payee: | Account/Policy Number: |
| Name of Account Holder: | |
| Payment Amount: | Due Dates: |
| Date of Final Payment (if applicable): | Website: |

FINANCIAL OBLIGATIONS (Annual, Quarterly, and Monthly Payments) #2

| | |
|--|------------------------|
| Payee: | Account/Policy Number: |
| Name of Account Holder: | |
| Payment Amount: | Due Dates: |
| Date of Final Payment (if applicable): | Website: |

FINANCIAL OBLIGATIONS (Annual, Quarterly, and Monthly Payments) #3

| | |
|--|------------------------|
| Payee: | Account/Policy Number: |
| Name of Account Holder: | |
| Payment Amount: | Due Dates: |
| Date of Final Payment (if applicable): | Website: |

Medical Information

Use this section to store information relating to the **health and medical needs of your household.**

| | Have | N/A | Date Added/ Updated | Tips and Links |
|--|------|-----|------------------------|---|
| Physician contact | | | | You may wish to put a copy of your physician's or specialist's business card or paperwork from your most recent visit into your EFFAK. |
| Pediatrician contact | | | | |
| Medical specialist contact (e.g., dentist, optometrist) | | | | |
| Copy of health insurance ID card(s), including Veteran Health Identification Card(s) | | | | You can get 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 (e.g., pacemakers, feeding pumps, home IV units, suction machines, wheelchairs, Braille or lower vision equipment) | | | | |
| Disabilities documentation | | | | |
| Living will/power of attorney (medical) | | | | 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. You can obtain these free of charge. Discuss this with your health care provider. |
| Other | | | | |

Checklist of Important Documents: Medical Information

| Type of Document | Have | N/A | Date Added/ Updated | Tips and Links |
|-------------------------------------|------|-----|------------------------|---|
| 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 to have **contact information** for all your financial advisors, health professionals, and service providers. Consider putting a copy of their business cards in your EFFAK or adding these contacts to your cell phone contact list. This information serves as a backup in case your address book or contact lists are lost or destroyed during an emergency or disaster. These contacts include, but are not limited to, the following:

- Landlord or mortgage representative;
- Doctor, dentist, or other health care providers (e.g.; 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.

POINT OF CONTACT #1:

| | | |
|---------------|-------------|--------|
| Contact Type: | | |
| Last Name: | First Name: | Title: |
| Company/Firm: | | |
| Street: | | Suite: |
| City: | State: | ZIP |
| Work Phone: | | Email: |
| Home Phone: | | Fax: |

POINT OF CONTACT #2:

| | | |
|---------------|-------------|--------|
| Contact Type: | | |
| Last Name: | First Name: | Title: |
| Company/Firm: | | |
| Street: | | Suite: |
| City: | State: | ZIP |
| Work Phone: | | Email: |
| Home Phone: | | Fax: |

POINT OF CONTACT #3:

| | | |
|---------------|-------------|--------|
| Contact Type: | | |
| Last Name: | First Name: | Title: |
| Company/Firm: | | |
| Street: | | Suite: |
| City: | State: | ZIP |
| Work Phone: | | Email: |
| Home Phone: | | Fax: |

POINT OF CONTACT #4:

| | | |
|---------------|-------------|--------|
| Contact Type: | | |
| Last Name: | First Name: | Title: |
| Company/Firm: | | |
| Street: | | Suite: |
| City: | State: | ZIP |
| Work Phone: | | Email: |
| Home Phone: | | Fax: |

POINT OF CONTACT #5:

| | | |
|---------------|-------------|--------|
| Contact Type: | | |
| Last Name: | First Name: | Title: |
| Company/Firm: | | |
| Street: | | Suite: |
| City: | State: | ZIP |
| Work Phone: | | Email: |
| Home Phone: | | Fax: |



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