

**\*\*\*Note\*\*\***

**Do not put any Personally Identifiable  
Information (PII) on this page**

# **Personal Crisis Preparedness Aid**

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Information (PII) on this page**

**Directions:**

This aid is designed as a guide. Please reformat and tailor to your and your family member's specific needs. It is intended for each family member to have their own individualized Personal Crisis Preparedness Plan which includes their vital information.

Fill out the following information in as much detail as possible. If there is additional information you would like to include, please add additional page(s) (either hard copy or electronic copy) to ensure that you have all of your important information in one place.

*Please note: if you are attaching documents in a foreign (non-English) language, include English translations.*

It is recommended that you maintain updated copies in a variety of safe places, such as:

- With a trusted friend, family member, or attorney
- In a home safe
- On an encrypted CD, thumb drive, or hard drive
- In a safe deposit box

Take a copy with you when you are away from post either on assignment or on vacation.

The following documents should be attached to this Personal Crisis Preparedness Aid:

- Five Wishes*
- Managing Your Personal Finances*
- Inventory of possessions going to post (with photos)
- Inventory of possessions stored in U.S. (with photos)
- Embassy Phone List
- Bill Due Dates
- Family communication plan at post
- Communication plan with family and friends in the United States

**Remember that this information contains Personally Identifiable Information (PII) that must be protected.**





**Estate Documents:**

Copy of Will	<input type="checkbox"/> Copy attached
Copy of Will – Lawyer	Name: Address: Phone number: Email address:
Copy of Will – Family/Friend member	Name: Address: Phone number: Email address:
Copy of Will – Executor	Name: Address: Phone number: Email address:
Power of Attorney	Name: Address: Phone number: Email address: Type: <input type="checkbox"/> Copy attached
Healthcare Proxy	Name: Address: Phone number: Email address:
Marriage Certificate/license	<input type="checkbox"/> Copy attached
Naturalization Papers	<input type="checkbox"/> Copy attached
Divorce Decree	<input type="checkbox"/> Copy attached

Adoption Papers	<input type="checkbox"/> Copy attached
Safe Deposit Box	Location address: Phone number: Access information: Box number: Key location: List of contents: <input type="checkbox"/> Copy attached

**Car/Property:**

Automobile #1	Registration: VIN number: License plate number: <input type="checkbox"/> Copy of Title attached
Automobile #2	Registration: VIN number: License plate number: <input type="checkbox"/> Copy of Title Documents attached
Property #1	Property address: Tax amount: Date due: <input type="checkbox"/> Copy of Title Documents attached
Property #2	Property address: Tax amount: Date due: <input type="checkbox"/> Copy of Title Documents attached
Property #3	Property address: Tax amount: Date due: <input type="checkbox"/> Copy of Title Documents attached

**Accounts and Investments:**

Checking Account	Bank name: Address: Account number: Routing number: Phone number: Website: Login name: Password: ATM Pin:
Savings Account	Bank name: Address: Account number: Routing number: Phone number: Website: Login name: Password: ATM Pin:
Investment Account	Investment Type: Institution name: Address: Account number: Phone number: Website: Login name: Password: Pin:

### Loan Payments and Credit Cards:

Loan #1	Name: Address: Account number: Phone number: Website: Login/User name: Password: Amount:
Loan #2	Name: Address: Account number: Phone number: Website: Login/User name: Password: Amount:
Loan #3	Name: Address: Account number: Phone number: Website: Login/User name: Password: Amount:

Credit Card #1	Name: Address: Account number: Phone number: Website: Login/User name: Password: ATM Pin:
Credit Card #2	Name: Address: Account number: Phone number: Website: Login/User name: Password: ATM Pin:
Credit Card #3	Name: Address: Account number: Phone number: Website: Login/User name: Password: ATM Pin:

**Insurance:**

Home Insurance	Policy Holder Name: Company name: Address: Phone number: Policy number: Date of renewal: Website: Login/User Name: Password:
Personal Property Insurance	Policy Holder Name: Company name: Address: Phone number: Policy number: Date of renewal: Website: Login/User Name: Password:
Car Insurance	Policy Holder Name: Company name: Address: Phone number: Policy number: Date of renewal: Website: Login/User Name: Password:

Life Insurance	Policy Holder Name: Company name: Address: Phone number: Policy number: Date of renewal: Website: Login/User Name: Password:  Beneficiary Name: Address: Phone number: Email:
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**Healthcare (supplemental information):**

Prescription medication	Prescription #1 name: Dose: Prescription #2 name: Dose: Prescription #3 name: Dose: Prescription #4 name: Dose: Prescription #5 name: Dose:
Vision Prescription	<input type="checkbox"/> Copy attached
Medical Professional #1	Name: Specialty: Address: Phone numbers: Email address:
Medical Professional #2	Name: Specialty: Address: Phone numbers: Email address:
Medical Professional #3	Name: Specialty: Address: Phone numbers: Email address:

**Education Information:**

School Records /Transcripts	<input type="checkbox"/> Copy attached
IEP – Individualized Education Plan	<input type="checkbox"/> Copy attached
Education Reference #1	Name: School Name: Address: Phone numbers: Email address: Relationship:
Education Reference #2	Name: School Name: Address: Phone numbers: Email address: Relationship:

**Pet Information:**

Medical Records	<input type="checkbox"/> Copy attached
Health Certificate	<input type="checkbox"/> Copy attached
Microchip **update every move	Microchip Company: Microchip #: Website: Login/user name: Password:
Medications	Prescription #1 name: Dose: Prescription #2 name: Dose: Prescription #3 name: Dose:
Veterinarian	Name: Address: Phone numbers: Email address:

**\* Keep pet vaccinations up to date**

**\*\*Transporting pets is highly dependent on the sending and receiving countries.  
Prepare in advance!**

**Personal Contacts:**

Personal Contact #1	Name: Address: Phone numbers: Email address: Relationship:
Personal Contact #2	Name: Address: Phone numbers: Email address: Relationship:
Personal Contact #3	Name: Address: Phone numbers: Email address: Relationship:
Personal Contact #4	Name: Address: Phone numbers: Email address: Relationship:
Personal Contact #5	Name: Address: Phone numbers: Email address: Relationship:

**Professional Contacts:**

Professional Contact #1	Name: Address: Phone numbers: Email address: Relationship:
Professional Contact #2	Name: Address: Phone numbers: Email address: Relationship:
Professional Contact #3	Name: Address: Phone numbers: Email address: Relationship:
Professional Contact #4	Name: Address: Phone numbers: Email address: Relationship:
Professional Contact #5	Name: Address: Phone numbers: Email address: Relationship:

**Go-bag check list:**

Recommended	Your additional items:
<b>1. Money</b> <input type="checkbox"/> ATM card <input type="checkbox"/> Credit cards <input type="checkbox"/> Checkbook <input type="checkbox"/> Check register <input type="checkbox"/> Latest bank statement <input type="checkbox"/> Multiple currency <input type="checkbox"/> Safe deposit keys	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>2. Medical Items</b> <input type="checkbox"/> Medical and dental records <input type="checkbox"/> Immunization cards <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Prescriptions (3 month supply) <input type="checkbox"/> Over-the-counter medications	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>3. Personal belongings</b> <input type="checkbox"/> Photo album <input type="checkbox"/> Journal <input type="checkbox"/> Favorite stuffed animal <input type="checkbox"/> Book <input type="checkbox"/> Pet's chew toy <input type="checkbox"/> Music <input type="checkbox"/> Gaming device <input type="checkbox"/> Cell phone/charger <input type="checkbox"/> MP3 Player	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>4. Food and water (3-day supply)</b> <input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Snacks <input type="checkbox"/> Energy Bars	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>5. Clothing</b> <input type="checkbox"/> One change of clothes <input type="checkbox"/> Raingear <input type="checkbox"/> Layers for warmth <input type="checkbox"/> Undergarments (multiple pairs) <input type="checkbox"/> Socks (multiple pairs)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>6. Documentation</b>	<input type="checkbox"/>
<input type="checkbox"/> Passport(s)	<input type="checkbox"/>
<input type="checkbox"/> Secure visas	<input type="checkbox"/>
<input type="checkbox"/> Diplomatic credentials	<input type="checkbox"/>
<input type="checkbox"/> State Department ID	<input type="checkbox"/>
<input type="checkbox"/> Birth certificates	<input type="checkbox"/>
<input type="checkbox"/> Naturalization certificates	<input type="checkbox"/>
<input type="checkbox"/> Marriage certificates	<input type="checkbox"/>
<input type="checkbox"/> Adoption papers	<input type="checkbox"/>
<input type="checkbox"/> Driver's license	<input type="checkbox"/>
<input type="checkbox"/> Auto insurance policies	<input type="checkbox"/>
<input type="checkbox"/> Auto registration	<input type="checkbox"/>
<input type="checkbox"/> Auto title (if applicable)	<input type="checkbox"/>
<input type="checkbox"/> Current power of attorney (bank, durable, etc.)	<input type="checkbox"/>
<input type="checkbox"/> School records	<input type="checkbox"/>
<input type="checkbox"/> Report cards	<input type="checkbox"/>
<input type="checkbox"/> Test scores	<input type="checkbox"/>
<input type="checkbox"/> Current samples of work	<input type="checkbox"/>
<input type="checkbox"/> Individualized Education Program (IEP)	<input type="checkbox"/>
<input type="checkbox"/> Pet health records	<input type="checkbox"/>
<input type="checkbox"/> Pet departure paperwork	<input type="checkbox"/>

**Shelter in place check list:**

<b>Recommended</b>	<b>Your additional items:</b>
<b>1. Water</b> <input type="checkbox"/> Minimum of 3 liters potable water per person per day <input type="checkbox"/> Store of water for other uses (cleaning, etc.)	
<b>2. Food</b> <input type="checkbox"/> Nonperishable ready-to-eat items <input type="checkbox"/> Specialty food	
<b>3. Medication</b> <input type="checkbox"/> Prescriptions <input type="checkbox"/> Over-the-counter	
<b>4. Sanitation</b> <input type="checkbox"/> Toilet paper <input type="checkbox"/> Paper towels <input type="checkbox"/> Soap <input type="checkbox"/> Antibacterial soap and wipes <input type="checkbox"/> Sanitary and personal hygiene products	
<b>5. Department of State issued radio and charger</b>	
<b>6. Clothes</b> <input type="checkbox"/> Changes of clothes per person <input type="checkbox"/> Layers for warmth	
<b>7. Sleeping equipment</b> <input type="checkbox"/> Pillows <input type="checkbox"/> Blankets	
<b>8. Personal items</b> <input type="checkbox"/> Games <input type="checkbox"/> Books <input type="checkbox"/> Portable electronic devices	
<b>9. Children supplies</b>	
<b>10. Pet supplies</b>	