



# **EMERGENCY PREPARATION ORGANIZATION KIT**

**EPOK**



**E**mergencies often come when we least expect it. What's more, many of us do not think to prepare our financial interests in advance. The Emergency Preparation Organization Kit (EPOK) is here to help. The EPOK is a simple tool designed to assist you and your family in preparing for and maintaining financial stability in the event of an emergency.

EPOK provides a checklist of basic items that every emergency supply kit should include. EPOK also helps you to identify and organize key financial records and provides a quick reference file for your most important financial documents.

Also one financial kit per household is recommended, although in the event one kit is used for a couple, all joint and separate accounts and liabilities should be included.

For more information about what you can do to be prepared for emergencies, visit [www.citizencorps.gov](http://www.citizencorps.gov). To make a communications plan, get an emergency kit and be informed, visit [www.ready.gov](http://www.ready.gov).

Homeland Security recommends Americans to take some simple steps to prepare for and respond to potential emergencies, including natural disasters and terrorist attacks. Being prepared for disasters is essential and life saving. In order to assist you in these circumstances we have included with this package a list of items Homeland Security recommends that you have available in a disaster response kit. Two disaster response kits per household are recommended. One full kit at home and smaller portable kits in their workplace, vehicle or other places they spend time.

# EPOK



## **FIVE TIPS TO PREPARE FOR AN EMERGENCY**

1. Complete all sections of the Emergency Preparation Organization Kit (EPOK) and obtain copies of any documents marked “NO” on the Important Legal Documents Checklist.
2. In an off-site safety deposit box, store the following important documents:
  - A copy of your EPOK and legal documents
  - Photographs or video of all valuables
  - A computer backup file on diskette of any financial records stored on your computer (remember to update these records quarterly)
3. At home in a fireproof safe or file cabinet, store the following important documents:
  - Your EPOK and other important documents in a waterproof bag
  - Keep \$10 and \$20 bills; ATM and credit card access may not be available
  - A writing tablet and two sharpened pencils
  - A copy of your off-site safety deposit box key
  - An extra copy of financial records from your computer backup file on diskette
4. Within reach of your home fireproof safe or file cabinet, have the following items stored in a durable bag:
  - AC charger for your mobile phone
  - AC adapter that can be plugged into a car cigarette lighter
  - Required prescription medications
  - Battery-charged flashlight
5. Mail a copy of your EPOK and legal documents to your attorney in an envelope to be opened with your approval or in the event you become incapacitated.

# **EPOK**



## HOUSEHOLD INFORMATION

### Your Personal Information:

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Last Name	First Name	Middle Name
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Home Address

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City	State/Providence	ZIP Code
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### List the names of individuals living in the residence:

Name (include other names used or aliases)	Age	Relationship
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### Emergency Notification:

Name	Relationship	Phone Number
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\*Make additional copies as required.

# EPOK



## IMPORTANT LEGAL DOCUMENTS CHECKLIST

(See "Helpful Hints" page as reference)

Make a copy of each document listed below and check "yes" or "no" to indicate whether or not the document copy is stored in your EPOK. We strongly recommend that you place the originals of all listed documents in an off-site safety deposit box and in a fireproof safe at home (see the "Five Tips to Prepare for an Emergency" page for details). Mail a copy of your EPOK and legal documents to an attorney in an envelope to be opened with your approval or in the event you become incapacitated. See next page for a list of helpful hints regarding important legal documents.

### Important Legal Documents

### Copy Attached

- |  |   |
|--|---|
| 1. Birth Certificate(s)/Adoption papers              | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 2. Marriage License                                  | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 3. Social Security Card(s)                           | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 4. Military Discharge DD 214                         | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 5. Health Insurance ID Card(s)                       | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 6. Current Military ID                               | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 7. Life Insurance Policy or Policies (No. _____)     | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 8. Property Insurance Policy or Policies (No. _____) | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 9. Auto Registration/Ownership Papers (No. _____)    | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 10. Auto Insurance Policy or Policies (No. _____)    | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 11. Naturalization Documents                         | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 12. Power of Attorney                                | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 13. Short Form Will                                  | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 14. Passport   | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 15. Real Estate Deeds of Trust (No. _____)           | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 16. Designee Form for your Job's retirement fund     | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 16. Previous Year Tax Returns                        | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |
| 17. Name and phone number of your attorney:          | yes <input type="checkbox"/> no <input type="checkbox"/> n/a <input type="checkbox"/> |

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# EPOK



## HELPFUL HINTS: IMPORTANT LEGAL DOCUMENTS

These helpful hints provide direction in identifying the best resources for gathering the documents listed on the checklist (previous page).

- 1-2. You can obtain copies of birth, death, marriage, divorce and adoption certificates from your state health or social services administrations for a minimal fee.
3. If your income is reported to the IRS, you must have a Social Security card. Call your local Social Security office for assistance in obtaining new/replacement cards, or refer to the SSN FAQ Web page (<http://www.cpsr.org/cpsr/privacy/ssn/ssn.faq.html>) for further assistance.
4. If you are a veteran, obtain copies of your Military DD214 – the documents for veteran’s benefits and enhanced Social Security entitlements. Copies may be obtained by contacting the U.S. National Archives & Records Administration at 1-866-272-6272 or 1-86-NARA-NARA or by accessing Veterans Records online at: [http://www.archives.gov/research\\_room/vetrecs/index.html](http://www.archives.gov/research_room/vetrecs/index.html)
5. Obtain a copy of your Health Insurance ID Cards. These cards are invaluable if the original card is lost or destroyed.
6. If applicable, make a copy of your military ID and copy both sides. A copy of this ID will expedite obtaining a replacement if needed.
- 7-10. Call the claims number on the policy to verify that the number is current and write the number on the first page of the policy. With your policy number in-hand, you will be able to verify coverage.
11. Naturalization documents are the only acceptable proof of citizenship for individuals not born in the United States.
12. A Power of Attorney document will allow your spouse or trusted responsible relative to handle your affairs in the event you become incapacitated.
13. A Will is a helpful document that can help reduce family conflicts, probate, time and expenses.
14. A passport will expedite obtaining a replacement passport if needed and is an excellent form of identification if a driver’s license is lost or destroyed.
15. A Real Estate Deed of Trust may be required to verify ownership in order to receive assistance.
16. Tax returns from the previous year may be required to apply for new loans and verify qualification for income-restricted entitlements.
17. Name and phone number of your attorney: \_\_\_\_\_

# EPOK



## LEDGER OF YOUR IMPORTANT LEGAL DOCUMENTS

Create a quick reference ledger of all personal legal documents you have included with EPOK.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_

# EPOK



## **EMERGENCY ASSISTANCE NUMBERS:**

### **Emergency 9-1-1**

Keep in mind that for local emergencies, 9-1-1 is an important resource to consider.

### **The Poison Control Center**

If you have a poisoning emergency, call 1-800-222-1222.

### **The American Red Cross (ARC)**

Call the American Red Cross at 1-866-438-4636 and request contact information for your local American Red Cross office, including phone number and address.

#### **Record This Information:**

Local number for ARC:

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Address:

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### **Federal Emergency Management Agency (FEMA)**

FEMA may be able to provide emergency assistance when there is a presidential declared disaster in your area. People in the affected disaster area can register with FEMA through the tele-registration number. Because each case is reviewed individually, eligibility may vary from applicant to applicant.

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**EMERGENCY NUMBERS:**

**Local Police or Law Enforcement:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Local Fire Department:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Local Medical Facility:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**List of necessary medications:**

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**List medicines you are allergic to:**

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

**EPOK**



## SCHOOL CONTACT INFORMATION:

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name of School/Daycare: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name of School/Daycare: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name of School/Daycare: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name of School/Daycare: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name of School/Daycare: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

\*Make additional copies as required.

# EPOK



## FINANCIAL ACCOUNT RELATIONSHIPS

(Credit Unions, Banks, etc.)

Name of Institution: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Institution Contact Person: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Institution Contact Person: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Institution Contact Person: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_

Account Number: \_\_\_\_\_

Institution Contact Person: \_\_\_\_\_

Online Access Information: \_\_\_\_\_

Web site: \_\_\_\_\_

\*Make additional copies as required.

# EPOK



## CREDIT/DEBIT CARD RELATIONSHIPS

Card Type (MasterCard, Visa, AMEX, etc.): \_\_\_\_\_  
Issuer of Card: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Member Services Number: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Card Type (MasterCard, Visa, AMEX, etc.): \_\_\_\_\_  
Issuer of Card: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Member Services Number: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Card Type (MasterCard, Visa, AMEX, etc.): \_\_\_\_\_  
Issuer of Card: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Member Services Number: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Card Type (MasterCard, Visa, AMEX, etc.): \_\_\_\_\_  
Issuer of Card: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Member Services Number: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

\*Make additional copies as required.

# EPOK



## INVESTMENT ACCOUNT RELATIONSHIPS

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

\*Make additional copies as required.

# EPOK



## INSURANCE POLICY RELATIONSHIPS

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

Firm/Institution Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Type of Investment: \_\_\_\_\_  
Online Access Information: \_\_\_\_\_  
Web site: \_\_\_\_\_

\*Make additional copies as required.

# EPOK



## FINANCIAL OBLIGATIONS

(Annual, Quarterly and Monthly Payments)

Payee: \_\_\_\_\_  
Account/Policy Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Payment Address: \_\_\_\_\_  
Payment Amount: \_\_\_\_\_ Due Date(s): \_\_\_\_\_  
Date of Final Payment: \_\_\_\_\_

Payee: \_\_\_\_\_  
Account/Policy Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Payment Address: \_\_\_\_\_  
Payment Amount: \_\_\_\_\_ Due Date(s): \_\_\_\_\_  
Date of Final Payment: \_\_\_\_\_

Payee: \_\_\_\_\_  
Account/Policy Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Payment Address: \_\_\_\_\_  
Payment Amount: \_\_\_\_\_ Due Date(s): \_\_\_\_\_  
Date of Final Payment: \_\_\_\_\_

Payee: \_\_\_\_\_  
Account/Policy Number: \_\_\_\_\_  
Name of Account Holder: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Payment Address: \_\_\_\_\_  
Payment Amount: \_\_\_\_\_ Due Date(s): \_\_\_\_\_  
Date of Final Payment: \_\_\_\_\_

\*Make additional copies as required.

# EPOK







## Recommended Items to Include in a Basic Disaster/Emergency Supply Kit:

- Water, one gallon of water per person per day for at least three days, for drinking and sanitation
- Food, at least a three-day supply of non-perishable food
- Battery-powered or hand crank radio and a NOAA weather radio with tone alert and extra batteries for both
- Flashlight and extra batteries
- First aid kit
- Whistle to signal for help
- Dust mask, to help filter contaminated air and plastic sheeting and duct tape to shelter-in-place
- Moist towelettes, garbage bags and plastic ties for personal sanitation
- Wrench or pliers to turn off utilities
- Can opener for food (if kit contains canned food)
- Local maps

# EPOK



## Additional items to consider adding:

- Prescription medications and glasses
- Infant formula and diapers
- Pet food and extra water for your pet
- Copy of your **EPOK**
- Cash or traveler's checks and change
- Emergency reference material such as a first aid book or information from [www.ready.gov](http://www.ready.gov)
- Sleeping bag or warm blanket for each person. Consider additional bedding if you live in a cold-weather climate.
- Complete change of clothing including a long sleeved shirt, long pants and sturdy shoes. Consider additional clothing if you live in a cold-weather climate.
- Household chlorine bleach and medicine dropper—*When diluted nine parts water to one part bleach, bleach can be used as a disinfectant. Or in an emergency, you can use it to treat water by using 16 drops of regular household liquid bleach per gallon of water. Do not use scented, color safe or bleaches with added cleaners.*
- Fire Extinguisher
- Matches in a waterproof container
- Feminine supplies and personal hygiene items
- Mess kits, paper cups, plates and plastic utensils, paper towels
- Paper and pencil
- Books, games, puzzles or other activities for children

# EPOK