# TAKE - 1

## FAMILY MEMBER PRE-DEPLOYMENT CHECKLIST

This checklist should be reviewed/updated periodically and ALWAYS prior to a TDY or deployment. It is very important for the military family to keep copies of important documents and other valuable information in a safe place. It is equally important that the wife and husband jointly organize this file so that each knows how and where to find the documents when they are needed.

Your sponsor should have most of this information...PLEASE SIT DOWN WITH HIM/HER AND GATHER THIS INFORMATION AND THESE DOCUMENTS. THE HOUR YOU SPEND GOING OVER THIS WILL SAVE YOU TIME LATER ON. KEEP THE FOLLOWING DOCUMENTS IN A SPECIAL CONTAINER THAT YOU CAN DEFINITLY FIND IMMEDIATELY.

A system of "letter codes" may be used to identify the location of certain documents in order to simplify the process (e.g., A = Residence, B = Safe Deposit Box, C = Office, etc.). Designate letter codes below if so desired:

A = Home (specify location):

B = Home (specify location):  C = Office (specify location):  D = Safe Deposit Box (specify bank and branch):			
At a minimum, the following documents should	be included:		
<u>MEDICAL</u>			
~ Are all the immunizations for each member of the family up-to-date?			
Name:	Last Checked:		
~ Do I know where all of these immunization re	ecords are maintained?		
Name:	Location of Records:		

Name:				Location	of Recor	ds:	
Do I know ho	w to got the rig	ht maa	lical acciate	anno if it i	ia naadad'	2	
~ Do I know ho	w to get the rig	nt med	licai assista	ance ii it i	s needed	ſ	
Routine Medical:				Phone:			
Address:				1 1101101			
Specialist:				Phone:			
Address:							
Emergency:				Phone:			
Address:				1 110110.			
Dental:				Phone:			
Address:							
Dainan Cantral				Dhana			
Poison Control: Address:				Phone:			
Address.							
Veterinary:				Phone:			
Address:			L				
→ Do I have one.	e or more reliat	ole sitte	ers for abse	ences or	emergenc	ies?	
Mana		A -1 -1			15	N N	
Name:		Addre	ess:		P	hone Nu	mber:
~ Do I know the	e names and do	nsages	of all med	ications t	aken by m	ny family	memhers?
20 1 1000 010	o name and a	Jougoo	, o. aoa		andi by ii	.,	
Name:	Medication/[	Dose:	Prescribe	d By:	Pharma	су:	Phone Number:

 $\sim$  Do I know where the medical and dental records are kept for each family member?

## **FINANCIAL**

Box Location:

Box Location:

- Will I have money available to me on a continuing basis during my sponsor's absence?
- Has my sponsor initiated an allotment to be sent to me/directly to the bank monthly?
- Will the allotment provide me with enough money to buy all the necessities needed to maintain a household?
- If we are planning to leave the installation area, do we have enough savings for the move? Can we borrow money from relatives, the bank or credit cards for the move?

~ Do I know the address, account numbers, po	oint of contact, etc. for the bank(s) my family uses?
Name/Branch:	Phone:
Address:	
Account Number/Account Type:	
Notes:	
Name/Branch:	Phone:
Address:	
Account Number/Account Type:	
Notes:	
Name/Branch:	Phone:
Address:	
Account Number/Account Type:	
Notes:	
Do I know the location of our bank books or of etc)?	check registers for all bank accounts (checking, savings
Bank Book:	Location:
Bank Book:	Location:
Bank Book:	Location:
~ If we have a safe deposit box, do I know whe	ere the key is?

Key Location:

Key Location:

 $\sim\,\,$  Do I know where each of our credit cards is? Do I have the contact information for each so I can notify them immediately of any loss?

Credit Card:	Account Number:	
Issuer:	Name on Account:	
Authorized User(s):	Minimum Monthly Payment:	
Phone Number:	Credit Limit:	
Address:		
Location of Card(s):		
Credit Card:	Account Number:	
Issuer:	Name on Account:	
Authorized User(s):	Minimum Monthly Payment:	
Phone Number:	Credit Limit:	
Address:		
Location of Card(s):		
Credit Card:	Account Number:	
Issuer:	Name on Account:	
1000.011		
Authorized User(s):	Minimum Monthly Payment:	
Phone Number:	Credit Limit:	
Address:		
Location of Card(s):		
Credit Card:	Account Number:	
Issuer:	Name on Account:	
Authorized User(s):	Minimum Monthly Payment:	
Phone Number:	Credit Limit:	
Address:	Credit Limit.	
Addiess.		
Location of Card(s):		
Credit Card:	Account Number:	
Issuer:	Name on Account:	
Authorized User(s):	Minimum Monthly Payment:	
Phone Number:	Credit Limit:	
Address:	1 0.0000	
Location of Card(s):		
Credit Card:	Account Number:	
Issuer:	Name on Account:	
Authorized User(s):	Minimum Monthly Payment:	
Phone Number:	Credit Limit:	
Address:		
Location of Card(s):		
Credit Card:	Account Number:	
Issuer:	Name on Account:	
Authorized User(s):	Minimum Monthly Payment:	
Phone Number:	Credit Limit:	
Address:		

- Am I prepared to take complete control over our checking accounts, know the balances at all times, and never write a check unless I am sure there is enough money in the bank to cover it?
- $\sim\,$  Do I know all payments that must be made, to whom they are made, due dates, account numbers, etc.?

Mortgage/Rent:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
T	
Telephone:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	Contact i croon.
Notes.	
Water/Sewage:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	•
Phone Number:	Contact Person:
Notes:	
Electricity:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Dhana Namaka m	L Comtant Domani
Phone Number:	Contact Person:
Notes:	
Trash Disposal:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	man or Brop on:
Phone Number:	Contact Person:
Notes:	•
Car Insurance:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Porcon:
Phone Number:	Contact Person:
Notes:	
Property Insurance:	Company:
i roperty insurance.	Company.

Due Date:	Account Number:	Amount:	
Address:  Phone Number: Contact Person: Notes:  Health Insurance: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Natural Gas: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Amount: Mail or Drop Off: Address:  Phone Number: Amount: Mail or Drop Off: Address:  Automobile Loan: Company: Account Number: Amount: Mail or Drop Off: Address:  Phone Number: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Automobile Loan: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Automobile Loan: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Cable Television: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Cable Television: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Phone Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Amount: Due Date: A			
Notes:   Health Insurance:   Company:   Account Number:   Amount:   Amount		The state of the s	
Notes:   Health Insurance:   Company:   Account Number:   Amount:   Amount			
Health Insurance:		Contact Person:	
Account Number:         Amount:           Due Date:         Mail or Drop Off:           Address;            Phone Number:         Contact Person:           Natural Gas:         Company:           Account Number:         Amount:           Due Date:         Mail or Drop Off:           Address:            Phone Number:         Contact Person:           Notes:            Automobile Loan:         Company:           Account Number:         Amount:           Due Date:         Mail or Drop Off:           Address:            Phone Number:         Company:           Account Number:         Amount:           Due Date:         Mail or Drop Off:           Address:            Phone Number:         Contact Person:           Notes:            Cable Television:         Company:           Account Number:         Amount:           Due Date:         Mail or Drop Off:           Address:            Phone Number:         Contact Person:           Notes:            Child Care:         Company:	Notes:		
Due Date:	Health Insurance:	Company:	
Address:  Phone Number: Contact Person: Notes:  Natural Gas: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Automobile Loan: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Amount: Company: Address:  Phone Number: Contact Person: Notes:  Automobile Loan: Company: Account Number: Contact Person: Notes:  Automobile Loan: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Phone Number: Contact Person: Notes:  Cable Television: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Cable Television: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Child Care: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Child Care: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Other: Company:	Account Number:		
Phone Number: Contact Person:  Notes:  Natural Gas: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Automobile Loan: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Automobile Loan: Amount: Due Date: Mail or Drop Off: Address:  Automobile Loan: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Cable Television: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Cable Television: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Child Care: Company: Account Number: Done Date: Mail or Drop Off: Address:  Child Care: Company: Account Number: Done Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Child Care: Company: Account Number: Done Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Company:		Mail or Drop Off:	
Natural Gas: Company: Account Number: Due Date: Address:  Phone Number: Due Date: Address:  Company: Account Number: Notes:  Automobile Loan: Address:  Phone Number: Due Date: Address:  Phone Number: Contact Person: Notes:  Company: Account Number: Due Date: Address:  Amount: Company: Account Number: Contact Person: Notes:  Automobile Loan: Account Number: Account Number: Account Number: Amount: Due Date: Address:  Phone Number: Contact Person: Notes:  Cable Television: Account Number: Amount: Due Date: Address:  Cable Television: Account Number: Account Number: Amount: Due Date: Address:  Company: Account Number: Amount: Due Date: Address:  Company: Account Number: Amount: Due Date: Address:  Phone Number: Contact Person: Notes:  Child Care: Company: Account Number: Amount: Due Date:	Address:		
Natural Gas:	Phone Number:	Contact Person:	
Account Number: Due Date: Address:  Phone Number: Notes:  Automobile Loan: Account Number: Due Date: Address:  Phone Number: Account Number: Account Number: Account Number: Account Number: Address:  Phone Number: Address:  Contact Person: Notes:  Automobile Loan: Account Number: Account Number: Account Number: Address:  Automobile Loan: Account Number: Amount: Due Date: Address:  Phone Number: Contact Person: Notes:  Company: Account Number: Amount: Due Date: Address:  Phone Number: Contact Person: Notes:  Company: Account Number: Amount: Due Date: Address:  Phone Number: Notes:  Contact Person: Notes:	Notes:	•	
Due Date: Address:  Phone Number: Notes:  Automobile Loan: Account Number: Due Date: Address:  Phone Number:  Contact Person: Mail or Drop Off: Address:  Phone Number: Amount: Due Date: Address:  Automobile Loan: Account Number:  Amount: Due Date: Amount: Due Date: Amount: Due Date: Amount: Due Date: Address:  Phone Number: Contact Person: Notes:  Cable Television: Company: Account Number: Amount: Due Date: Address:  Phone Number: Contact Person: Notes:  Company: Account Number: Address:  Company: Account Number: Account Number: Amount: Due Date:		Company:	
Address:  Phone Number: Notes:  Automobile Loan: Account Number: Due Date: Address:  Phone Number: Notes:  Contact Person: Mail or Drop Off: Address:  Phone Number: Account Number: Account Number: Account Number: Account Number: Address:  Contact Person: Notes:  Automobile Loan: Account Number: Amount: Due Date: Address:  Phone Number: Contact Person: Notes:  Contact Person: Notes:  Company: Account Number: Amount: Due Date: Address:  Phone Number: Account Number: Account Number: Account Number: Amount: Due Date: Address:  Contact Person: Notes:  Contact Person: Mail or Drop Off: Address:  Phone Number: Account Num			
Phone Number: Contact Person:  Notes:  Automobile Loan: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Automobile Loan: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Cable Television: Company: Account Number: Amount: Due Date: Mail or Drop Off: Address:  Cable Television: Company: Account Number: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Child Care: Company: Account Number: Due Date: Mail or Drop Off: Address:  Child Care: Company: Account Number: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Child Care: Company: Account Number: Due Date: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:		Mail or Drop Off:	
Notes:  Automobile Loan: Account Number: Account Number: Due Date: Address:  Phone Number: Notes:  Automobile Loan: Account Number: Contact Person: Notes:  Automobile Loan: Account Number: Account Number: Account Number: Address:  Phone Number: Contact Person: Notes:  Contact Person: Notes:  Contact Person: Notes:  Company: Account Number: Contact Person: Notes:  Cable Television: Account Number: Amount: Due Date: Address:  Phone Number: Contact Person: Notes:  Contact Person: Notes: Contact Person: Notes: Contact Person: Notes: Contact Person: Notes: Contact Person: Notes: Contact Person: Notes: Contact Person: Notes:	Address:		
Notes:  Automobile Loan: Account Number: Account Number: Due Date: Address:  Phone Number: Notes:  Automobile Loan: Account Number: Contact Person: Notes:  Automobile Loan: Account Number: Account Number: Account Number: Address:  Phone Number: Contact Person: Notes:  Contact Person: Notes:  Contact Person: Notes:  Company: Account Number: Contact Person: Notes:  Cable Television: Account Number: Amount: Due Date: Address:  Phone Number: Contact Person: Notes:  Contact Person: Notes: Contact Person: Notes: Contact Person: Notes: Contact Person: Notes: Contact Person: Notes: Contact Person: Notes: Contact Person: Notes:	Phone Number:	Contact Person:	
Account Number: Due Date: Address:  Phone Number: Notes:  Automobile Loan: Account Number: Due Date: Address:  Automobile Loan: Account Number: Due Date: Address:  Phone Number: Contact Person: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Cable Television: Account Number: Address:  Amount: Due Date: Address:  Phone Number: Contact Person: Mail or Drop Off: Address:  Contact Person: Notes:  Company: Account Number: Amount: Due Date: Address:  Company: Account Number: Amount: Due Date: Address: Company: Account Number: Accoun	Notes:	•	
Account Number: Due Date: Address:  Phone Number: Notes:  Automobile Loan: Account Number: Due Date: Address:  Automobile Loan: Account Number: Due Date: Address:  Phone Number: Contact Person: Mail or Drop Off: Address:  Phone Number: Contact Person: Notes:  Cable Television: Account Number: Address:  Amount: Due Date: Address:  Phone Number: Contact Person: Mail or Drop Off: Address:  Contact Person: Notes:  Company: Account Number: Amount: Due Date: Address:  Company: Account Number: Amount: Due Date: Address: Company: Account Number: Accoun	Automobile Loan:	Company:	
Address:  Phone Number: Notes:  Automobile Loan: Account Number: Due Date: Address:  Phone Number: Notes:  Contact Person: Mail or Drop Off: Address:  Contact Person: Notes:  Company: Account Number: Notes:  Company: Account Number: Amount: Due Date: Address:  Phone Number: Contact Person: Notes:  Company: Account Number: Contact Person: Notes:  Contact Person: Mail or Drop Off: Address:  Child Care: Company: Account Number: Account Number: Amount: Due Date: Address:  Company: Account Number: Account Number: Account Number: Account Number: Contact Person: Notes:  Company: Account Number: Account Num			
Address:  Phone Number: Notes:  Automobile Loan: Account Number: Due Date: Address:  Phone Number: Notes:  Contact Person: Mail or Drop Off: Address:  Contact Person: Notes:  Company: Account Number: Notes:  Company: Account Number: Amount: Due Date: Address:  Phone Number: Contact Person: Notes:  Company: Account Number: Contact Person: Notes:  Contact Person: Mail or Drop Off: Address:  Child Care: Company: Account Number: Account Number: Amount: Due Date: Address:  Company: Account Number: Account Number: Account Number: Account Number: Contact Person: Notes:  Company: Account Number: Account Num	Due Date:	Mail or Drop Off:	
Automobile Loan: Account Number: Account Number: Due Date: Address:  Phone Number: Cable Television: Account Number: Account Number: Account Number: Account Number: Account Number: Address:  Phone Number: Contact Person: Amount: Due Date: Address:  Contact Person: Mail or Drop Off: Address:  Company: Account Number: Contact Person: Notes:  Company: Account Number: Amount: Due Date: Amount: Due Date: Amount: Due Date: Amount: Due Date: Amount: Company: Account Number: Accoun		<u>'</u>	
Automobile Loan: Account Number: Due Date: Address:  Phone Number: Cable Television: Account Number: Account Number: Account Number: Account Number: Address:  Cahild Care: Company: Account Number: Address:  Contact Person: Amount: Due Date: Address:  Contact Person: Address:  Contact Person: Notes:  Contact Person: Notes:  Contact Person: Notes:  Company: Account Number: Amount: Due Date: Address:  Company: Account Number: Amount: Due Date: Amount: Due Date: Address:  Contact Person: Notes:  Contact Person: Company: Account Number: Acco	Phone Number:	Contact Person:	
Account Number: Due Date: Address:  Phone Number: Notes:  Cable Television: Account Number: Address:  Cable Television: Account Number: Account Number: Address:  Phone Number: Contact Person: Address:  Company: Account Number: Address:  Contact Person: Mail or Drop Off: Address:  Contact Person: Notes:  Company: Account Number: Amount: Due Date: Amount: Due Date: Address:  Phone Number: Contact Person: Mail or Drop Off: Address:  Contact Person: Contact Pers	Notes:		
Account Number: Due Date: Address:  Phone Number: Notes:  Cable Television: Account Number: Address:  Cable Television: Account Number: Account Number: Address:  Phone Number: Contact Person: Address:  Company: Account Number: Address:  Contact Person: Mail or Drop Off: Address:  Contact Person: Notes:  Company: Account Number: Amount: Due Date: Amount: Due Date: Address:  Phone Number: Contact Person: Mail or Drop Off: Address:  Contact Person: Contact Pers	Automobile Loan:	Company:	
Due Date: Address:  Phone Number: Notes:  Cable Television: Account Number: Account Number: Due Date: Address:  Phone Number: Address:  Contact Person: Mail or Drop Off: Address:  Contact Person: Notes:  Contact Person: Notes:  Child Care: Account Number: Account Number: Account Number: Account Number: Account Number: Amount: Due Date: Address:  Phone Number: Contact Person: Nail or Drop Off: Address:  Contact Person: Notes:  Contact Person: Contact Person: Notes:			
Address:  Phone Number: Notes:  Cable Television: Account Number: Due Date: Address:  Phone Number:  Contact Person:  Mail or Drop Off:  Address:  Company:  Contact Person:  Notes:  Company: Account Number:  Company: Account Number: Account Number: Account Number: Account Number: Account Number: Due Date: Address:  Phone Number: Contact Person: Notes:  Company: Account Number: Contact Person: Notes:  Company:  Contact Person: Notes:			
Notes:  Cable Television: Account Number: Due Date: Address:  Phone Number: Notes:  Contact Person: Notes:  Child Care: Account Number: Account Number: Account Number: Account Number: Account Number: Due Date: Address:  Phone Number: Contact Person: Amount: Due Date: Address:  Contact Person: Contact Person: Contact Person: Contact Person: Contact Person: Contact Person: Company:	Address:	·	
Notes:  Cable Television: Account Number: Due Date: Address:  Phone Number: Notes:  Contact Person: Notes:  Child Care: Account Number: Account Number: Account Number: Account Number: Account Number: Due Date: Address:  Phone Number: Contact Person: Amount: Due Date: Address:  Contact Person: Contact Person: Contact Person: Contact Person: Contact Person: Contact Person: Company:	Phone Number:	Contact Person:	
Account Number:  Due Date: Address:  Phone Number:  Contact Person:  Notes:  Child Care: Account Number: Account Number: Account Number: Account Number: Address:  Phone Number:  Company: Account Mail or Drop Off: Address:  Contact Person:  Contact Person:  Contact Person:  Company:  Company:		Gontaet Ferson.	
Account Number:  Due Date: Address:  Phone Number:  Contact Person:  Notes:  Child Care: Account Number: Account Number: Account Number: Account Number: Address:  Phone Number:  Company: Account Mail or Drop Off: Address:  Contact Person:  Contact Person:  Contact Person:  Company:  Company:	Cable Television:	Company:	
Due Date: Address:  Phone Number:  Contact Person:  Notes:  Child Care: Account Number:  Due Date:  Due Date:  Address:  Phone Number:  Contact Person:  Company:  Amount:  Due Date:  Address:  Contact Person:  Contact Person:  Notes:  Company:			
Address:  Phone Number: Notes:  Child Care: Account Number: Due Date: Address:  Phone Number:  Contact Person:  Amount: Due Date: Mail or Drop Off:  Address:  Contact Person:  Notes:  Company:			
Notes:  Child Care: Company: Account Number: Due Date: Address:  Phone Number: Notes:  Company: Contact Person: Notes:  Company:		1	
Child Care: Account Number: August: Due Date: Address:  Phone Number: Notes:  Company: Company: Contact Person: Notes:  Company:	Phone Number:	Contact Person:	
Account Number: Due Date: Mail or Drop Off: Address:  Phone Number: Notes:  Other: Company:	Notes:		
Account Number:  Due Date:  Address:  Phone Number:  Notes:  Other:  Company:		Company:	
Address:  Phone Number:  Notes:  Other:  Contact Person:  Company:	Account Number:		
Phone Number: Contact Person: Notes:  Other: Company:	Due Date:	Mail or Drop Off:	
Notes:  Other: Company:	Address:		
Other: Company:		Contact Person:	
	Notes:		
		Company:	
	Account Number:	Amount:	

Due Date:	Mail or Drop Off:
Address:	'
Phone Number:	Contact Person:
Notes:	
Other:	Company
Account Number:	Company: Amount:
Due Date:	Mail or Drop Off:
Address:	Wall of Brop Off.
/ tudious.	
Phone Number:	Contact Person:
Notes:	<u>'</u>
Other:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Dhana Number	Contact Paracia
Phone Number:	Contact Person:
Notes:	
Do I have copies of any sales or in they are located?	nstallment contracts and finance agreements? Do I know where
Name of calculations	Linear
Name of sales contract:  Name of sales contract:	Location:
Name of sales contract:	Location: Location:
Name of Sales Contract.	Location.
AUTOMOBILE/TRANSPORTATIO	<u>N</u>
~ If the vehicle is financed, do I know	w the name and address of the loan company?
Lender:	Account Number:
Vehicle:	Phone Number:
Address:	
Lender:	Account Number:
Vehicle:	Phone Number:
Address:	
~ Do I have the title or know its locat	tion?
Vehicle:	Title Number:
Location:	1

Location:

~	Do I have the vehicle's registration and insurance policy?	Do I know where they are
	located?	

Vehicle:	Registration Number:
Registration Location:	Renewal Date:
Insurance Carrier:	Policy Number:
Policy Location:	Renewal Date:
Vehicle:	Registration Number:
Registration Location:	Renewal Date:
Insurance Carrier:	Policy Number:
Policy Location:	Renewal Date:

~ Do I know the renewal date for the license plate and inspection sticker?

Vehicle:	License Plate Number:
Plate Renewal Date:	Inspection Renewal Date:
Vehicle:	License Plate Number:
Plate Renewal Date:	Inspection Renewal Date:

- Am I insured to drive all of our vehicles?
- Do I have a valid state driver's license? When does it expire?

Driver's License Number:	Expiration Date:
Issuing State:	Restrictions:

Is each vehicle in good operating condition? Do I know where to go for maintenance and repairs?

Garage:	Phone Number:
Next Scheduled Maintenance:	Grade of Motor Oil Used:
Address:	
Notes:	

Can I make emergency repairs on the car if the situation arises (i.e., overheating, flat tire, dead battery, etc.? Do we have a membership in any roadside assistance organizations (e.g., AAA, "Volvo On-Call," etc.)?

Company Name:	Membership Number:
Phone Number:	Expiration Date:
Company Name:	Membership Number:
Phone Number:	Expiration Date:

 $\sim$  Do I have sufficient emergency supplies in the trunk of the vehicle (e.g., flares, tire jack, inflated spare tire, blanket, motor oil, coolant, etc.)?

Do i have a auphoate eet of early	addit to date them in the ded.	
Vehicle:	Number of Duplicate Keys:	
Location of Duplicate Keys:		
Vehicle:	Number of Duplicate Keys:	
Location of Duplicate Keys:	•	
Vehicle:	Number of Duplicate Keys:	

If I am not licensed to drive, have I made arrangements to have transportation available?

Do I have a duplicate set of car/truck keys? Can I locate them if needed?

### **HOUSING**

Location of Duplicate Keys:

- Do I know the location of the following and how to use them: Electrical control box (for fuses or circuit-breakers), water shutoff valve and gas control valve?
- ~ Do I know who to call for household repairs?

Name:	Type of Repair:	Phone Number:
Name:	Type of Repair:	Phone Number:
Name:	Type of Repair:	Phone Number:
Name:	Type of Repair:	Phone Number:

~ Do I know the location of duplicate keys to our residence?

Location:	Number of Keys:
Location:	Number of Keys:
Location:	Number of Keys:

~ Do I know the names and phone numbers for my neighbors?

Name:	Phone Number:
Address:	
Notes:	
Name:	Phone Number:
Address:	
Notes:	
Name:	Phone Number:
Address:	
Notes:	

Do I have nine (9) copies of my spouse's TDY and/or PCS orders? [If you must move by yourself, your will need extra copies of these orders. However, with these copies, you can have others made without cost to you by going to your sponsor's unit]

$\sim$ Do I have a listing of all important numbers in the event of an emergency (include Armed Services Emergency Relief, Community Services, Chaplain, lawyer, Officers Spouses Club, Red Cross, etc.)		
Name:	Phone Number:	
LEGAL/ADMINISTRATIVE  ~ Are my family's military identification cards up-to-date and valid until after the sponsor's return?		
	<u> </u>	
Name:	Expiration Date:	
~ Do I know where and how to obtain new identification cards?  Address: Phone Number:		
Notes:		
~ Do I know where all citizenship papers (if an	y) are kept?	
Location:		
~ Do I know the location of all passports for my family (if any)?		
Location:		
Has my sponsor executed a special power of attorney so I can take necessary action on important family matters during his/her absence?		
Has my sponsor executed a special power of attorney so that I can cash his/her monthly check (if the check will continue to be sent to my address)?		
~ Do I know where all general and special powers of attorney are kept?		
Document:	Location:	
Document:	Location:	
Document: Document:	Location:	
Doddinent.	Loodion.	

Name: L		
	Location:	
~ Do I have a copy of our marriage certificate? Do I know where it is located?		
Location:		
~ Do I have copies of adoption papers? Do I kno	ow where they are kept?	
Location:		
~ Do I have Social Security Cards for myself and	~ Do I have Social Security Cards for myself and my family? Do I know where they are kept?	
Name Social Security # L	Location:	
~ Do I have copies of our federal and state tax records? Do I know where they are kept?		
Location:		
~ Do I know where all of our life insurance policie	es are kept?	
Policy:	Location:	
~ Do I know where any stocks, bonds or other securities that we own are kept?		
Item: L	Location:	
~ Do I know where any real estate deeds (or title papers) are kept?		
Location:		

Location:	Date of Last Update:

~ Do I have copies of military career documents (to verify service date)?

Location:

Do I have copies of credentials, diplomas and school records?

Location:

Do I have a completed current copy of DD Form 1543, "Annual Legal Checkup," showing summary of the above information?

Location:

### **HELPFUL HINTS AND RESOURCES**

Consult the legal assistance office (JAG) at your base to help you update your will (or write a new one). Your will is important because it:

- Gives your beneficiaries control over your estate,
- Lets you divide your estate as you see fit, and
- Allows a guardian to be named for minor children.

You can also have the JAG office draw up a power of attorney for you. A power of attorney is a document that lets a designated person act as your legal agent for such matters as:

- Moving household goods.
- Obtaining medical care for your children, and
- Handling your financial affairs.

While you are at it, you should also take care of several other important financial matters.

- Make sure your beneficiary information is correct on your insurance, your bank accounts and your
  investments (including Individual Retirement Accounts or IRAs) and that the individuals you have
  designated have access to all the needed accounts and information. If you are married, consider
  having joint accounts so both you and your spouse have access.
- Discuss your monthly budget and establish an emergency fund to cover several months of unexpected expenses that might occur while you're deployed.
- Consider paying your bills automatically through direct debit or online bill paying while you are gone.

#### Listed below are some helpful websites for further deployment readiness information:

www.usafp.org/op\_med/readiness/familychecklist.html

www.otc.army.mil/otcweb/FamilyAgencyChecklist.html

www.bragg.army.mil/16MP/pre-deployment%20chk-list.htm

www.bragg.army.mil/FSG/deployment.htm

www.bragg.army.mil/FSG/readiness checklist.htm

www.thenavyway.com/page1002.html

www.navy.mil/homepages/vfa-81/Pre-Deployment/chapter vi.htm

www.usafp.org/op med/readiness/readiness.html

www.jagcnet.army.mil/legalassistance

www.2xCitizen.usar.army.mil

The <u>TAKE-1</u> series of client handouts is a project of the North Carolina State Bar's Standing Committee on Legal Assistance for Military Personnel. For comments or corrections, contact Committee member Mark E. Sullivan at: <u>LAW8507@AOL.COM</u>, or at 600 Wade Avenue, Raleigh, NC 27605 [919-832-8507].