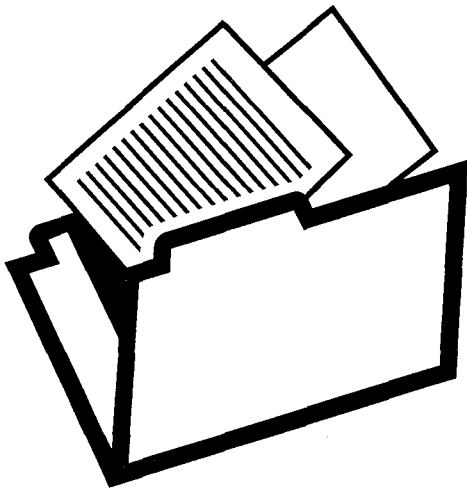


Emergency Financial First Aid Kit for Natural Disasters

Are you prepared?
Do you know where your important documents are located?

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EMERGENCY FINANCIAL FIRST AID KIT

GOAL:

To identify and organize key financial records for use in case of emergency or natural disaster.

Lesson Description:

We live in a vulnerable world where it's likely that we-or someone we know-will be affected by a disaster, public health event, crime, or terrorism. Emergencies often come when we least expect it, yet many of us do not think to prepare our financial interests in advance. This lesson will give you ideas and works on how to prepare your financial documents in case an event such as those listed would happen to you or a loved one.

Supply list

- Copy of lesson packet (forms) for all.
- 1 copy of **Lesson Activity** questionnaire for presenter.
- Copies of lesson evaluation for all.

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Directions: For this lesson use the questions below as an introduction/icebreaker. Then explain and go through the Emergency Financial First Aid Kit with the club members. Note: that the Emergency Financial First Aid Kit is available online as well as the printed out copy. For those that have internet access the web address is www.operationhope.org and then click on Emergency Financial First Aid kit on the left side of the page.

Evaluation (on next page): At the end of the presentation have members fill out the survey (which is ½ page) and return them to Jennifer or Mary Lou at address noted.

LESSON ACTIVITY

1. How many of you can find your birth certificate?
2. Can your significant other name your insurance agency?
3. How many of you have an updated will?
4. Do you have two copies of your financial records?
5. How many of you have an emergency kit, ready to go, at home?

Area 3 CFS Extension Programming – Post Evaluation

Completion of this evaluation is completely voluntary

1. As a result of this program, name 2 things that you've learned.
2. What will you do differently as a result of this program?
3. The most important thing you learned today was:
4. As a result of this program, my knowledge about healthy choices has:
Not changed increased very little increased some increased a lot
5. What additional information do you need about this topic?

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**PERSONAL DISASTER
PREPAREDNESS GUIDE**



This document is available in English
and in Spanish at www.operationhope.org.
For additional information
call 888-388-HOPE (4673)

Revised 05-01-2005



PERSONAL DISASTER PREPAREDNESS GUIDE

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More often than not, disasters occur with little or no warning — don't get caught unprepared. Your Personal Disaster Preparedness Guide (PDPG) will allow you to advise family members of your recovery process and to reassure them if you are not affected by an event in your city. The ability to contact family members and locate injured relatives is the first step to recovery. All family members (over 16) should complete and keep their own PDPG. Keep one copy safe at home, and one at the workplace. Additional copies are available through www.operationhope.org. If you need assistance please call 888-388-HOPE (4673).

PDPG for: _____

BASIC INFORMATION / VITAL STATISTICS

The Basic Information/Vital Statistics portion of the PDPG requires you to gather basic information about your family and how to reach local first-responders. This information will also be useful for an individual emergency such as sudden illness or a house fire. It is a great reference for babysitters, house or pet sitters and neighbors. Attach additional sheets as necessary for family members who live in your home.

Family Members

Name: _____ Phone Numbers: _____

Date of Birth: _____ E-mail: _____

Blood Type: _____ Height: _____ Weight: _____

Required Medications: _____

Allergies: _____

Medical conditions: _____

Name: _____ Phone Numbers: _____

Date of Birth: _____ E-mail: _____

Blood Type: _____ Height: _____ Weight: _____

Required Medications: _____

Allergies: _____

Medical conditions: _____

Name: _____ Phone Numbers: _____

Date of Birth: _____ E-mail: _____

Blood Type: _____ Height: _____ Weight: _____

Required Medications: _____

Allergies: _____

Medical conditions: _____



Name: _____ Phone Numbers: _____
Date of Birth: _____ E-mail: _____
Blood Type: _____ Height: _____ Weight: _____
Required Medications: _____
Allergies: _____
Medical conditions: _____

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Blood Type: _____ Height: _____ Weight: _____
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Allergies: _____
Medical conditions: _____

Name: _____ Phone Numbers: _____
Date of Birth: _____ E-mail: _____
Blood Type: _____ Height: _____ Weight: _____
Required Medications: _____
Allergies: _____
Medical conditions: _____

Always make sure your pets are wearing updated tags. Keep your information up to date at the veterinarian's office.

Pets are never allowed at emergency shelters. Make a plan for your pets in case you must evacuate.

Pet name, species, color, weight: _____
Pet name, species, color, weight: _____
Pet name, species, color, weight: _____
Pet name, species, color, weight: _____
List any pet medical issues, medications: _____

Regular veterinarian phone: _____
Address: _____
Emergency veterinarian phone: _____
Address: _____
Local animal shelter phone and location: _____



Your Employment Information:

Company/Firm: _____
Street: _____ Suite/Apt.: _____
City: _____ State: _____ Zip Code: _____
Supervisor name, first and last: _____ gender: _____
Your direct phone line at work: _____ Supervisor's email: _____
Supervisor's phone at work: _____ at home: _____

Spouse / Partner Employment Information:

Name: _____ Company/Firm: _____
Street: _____ Suite/Apt.: _____
City: _____ State: _____ Zip Code: _____
Supervisor name, first and last: _____ gender: _____
Spouse/partner work phone: _____ Supervisor's email: _____
Supervisor's phone at work: _____ at home: _____

Other family members' Employment Information:

Name: _____ Company/Firm: _____
Street: _____ Suite/Apt.: _____
City: _____ State: _____ Zip Code: _____
Supervisor name, first and last: _____ gender: _____
Family member work phone: _____ Supervisor's email: _____
Supervisor's phone at work: _____ at home: _____

Name: _____ Company/Firm: _____
Street: _____ Suite/Apt.: _____
City: _____ State: _____ Zip Code: _____
Supervisor name, first and last: _____ gender: _____
Family member work phone: _____ Supervisor's email: _____
Supervisor's phone at work: _____ at home: _____

Name: _____ Company/Firm: _____
Street: _____ Suite/Apt.: _____
City: _____ State: _____ Zip Code: _____
Supervisor name, first and last: _____ gender: _____
Family member work phone: _____ Supervisor's email: _____
Supervisor's phone at work: _____ at home: _____



National Emergency Assistance Numbers:

The American Red Cross (ARC)

Call the American Red Cross at 866-438-4636 and provide your city, state and zip code to request contact information to your local American Red Cross office, including phone number and address. You can also go to the website, <http://www.redcross.org> and enter your zip code to find a local office. Record that information below:

Local Red Cross phone: _____

Address: _____



Federal Emergency Management Agency (FEMA)

FEMA will provide emergency assistance when there is a major disaster in your area. To find the regional number for FEMA, go to the website <http://www.fema.org/regions/> and click on your part of the country.

Under the 'About' header, click Contact Us. You can also call the main office at 202-646-2500 and request the phone number for the regional office in your area. This is not an emergency number. Record the information below:

FEMA region #, office phone: _____



State Emergency Management

All states have a department that manages large disasters or emergencies. It may be called something like the Office of Emergency Services, or the Emergency Management Division of a state department.

FEMA has created a website called Ready.gov where you can go to find that department in your state: <http://www.ready.gov/states/index.html>. Click on your state to find the name and number, and record the information below:

Local emergency management: _____



Local emergency phone numbers can usually be found in the front or back of your local phone book.

Local police or law enforcement (name/precinct/area): _____

Emergency number: _____

Your local law enforcement may use their non-emergency number for evacuation information and other purposes. Never call an emergency number when you are not experiencing an emergency.

Non-emergency number: _____

Address: _____

Local Fire Department (station/house): _____

Emergency number: _____

Non-emergency number: _____

Address: _____

Local Medical Facility: _____

Phone number: _____ Emergency Room: _____

Address and directions from your house: _____

Family Doctor name: _____ Phone: _____

Pediatrician name: _____ Phone: _____

Family hospital or Family Doctor's resident hospital: _____

Phone number: _____ Emergency Room: _____

Address and directions: _____



It is important to keep your child's or elderly relative's pick-up information up to date. Schools, daycare and elder care facilities will only release the loved one to someone listed on their approved list. Not only is it important to have a current approved person listed, it is vital to remove outdated contact information. Attach any further important documentation you need for this section.

School, daycare, or eldercare contact information:

Name of Child/relative: _____ Birth date: _____

Name of School/daycare: _____

Contact person at facility: _____ Phone: _____

Address: _____

Approved pick-up individual: _____ Phone: _____

Approved pick-up individual: _____ Phone: _____

Other important information: _____

Name of Child/relative: _____ Birth date: _____

Name of School/daycare: _____

Contact person at facility: _____ Phone: _____

Address: _____

Approved pick-up individual: _____ Phone: _____

Approved pick-up individual: _____ Phone: _____

Other important information: _____

Name of Child/relative: _____ Birth date: _____

Name of School/daycare: _____

Contact person at facility: _____ Phone: _____

Address: _____

Approved pick-up individual: _____ Phone: _____

Approved pick-up individual: _____ Phone: _____

Other important information: _____



PLAN OF ACTION

The Plan of Action portion of your PDPG allows you to customize this form for you location. Both sections ask you to identify specific disasters common in your area. Part I below should be completed for your workplace and Part II should be completed for your home. It will allow you to survive and return to your family in the shortest possible time.

Part I - Workplace

Identify three emergencies you want to prepare for by placing an A, B and C next to the event. This will allow you to focus on the effects and your actions for disasters most likely to occur in your city.

Fire _____	Terrorism _____
Flood _____	Massive Power Outage _____
Earthquake _____	Hurricane _____
Tornado _____	Mud Slide _____

Required Actions:

1. Complete a Hope Coalition America (HCA) Emergency Financial First Aid Kit (EFFAK). The EFFAK is available online at www.operationhope.org or call 888-388-HOPE (4673) to request one. Keep one copy safe at home, at the workplace, one in your safe deposit box and mail one in a sealed envelope to a trusted relative.

2. Speak with the emergency/disaster representative at your workplace. Often, emergency information will be posted in lunch rooms, break rooms, or other such areas. If an emergency/disaster representative is not indicated, ask your supervisor or manager who is responsible for emergency coordination. Verify the following information:

a. Who will provide you instructions when an emergency occurs?

Name: _____ Number/extension: _____

b. What are the evacuation procedures and exit options?

1. _____

2. _____

3. _____

c. Identify designated assembly locations for evacuated individuals in case you are separated from your associates.

1. _____

2. _____

3. If you are not allowed to return to your work area:

a. How will you get home? _____

b. Will your car be available? If you park in or near your building consider options.



c. What public transportation can you take to get home? List the options including where you will board and get off:

- 1. _____
- 2. _____
- 3. _____

4. If you are required to remain in the area or a shelter for 24 hours, whom will you notify? Remember, phone availability may be limited. Therefore, ask one contact person to inform other family members (one person should be out of state). List names, phone numbers and e-mail addresses:

Name: _____ Email: _____

Phone Numbers: _____

Name: _____ Email: _____

Phone Numbers: _____

Name: _____ Email: _____

Phone Numbers: _____

5. Make arrangements for the pickup and care of young children and elderly family members. Most schools require preauthorization to release children. Be sure to complete the school/daycare/elder care section on page 7 of this PDPG, then give the contact person that information.

Once you have completed this Personal Disaster Preparedness Guide, store it in an easily accessible place at your work location. We also recommend that employers maintain a computer disk with the name, home and cell phone number of each employee. Two individuals in the Personnel Department should be designated to retrieve the disk before evacuations. Each department manager should maintain a printed listing for their department, for use during non-business hours.



Part II – Home

Identify three emergencies you want to prepare for by placing an A, B and C next to the event listed below. Which are most likely to occur in your community?

Fire _____

Terrorism _____

Flood _____

Massive Power Outage _____

Earthquake _____

Hurricane _____

Tornado _____

Mud Slide _____

Required Actions:

1. List individuals to be contacted before and after evacuation (one person should be out of state).

Name: _____ Email: _____

Phone Numbers: _____

Name: _____ Email: _____

Phone Numbers: _____

Name: _____ Email: _____

Phone Numbers: _____

2. List evacuation route options.

Route One: _____

Route Two: _____

3. Establish two evacuation locations where your family will meet if you are not directed to a location by local authorities.

a. _____

b. _____



WHEN THERE IS AN EMERGENCY

1. Retrieve your completed Emergency Financial First Aid Kit and your Personal Disaster Preparedness Guide.
2. Turn your TV and radio on to receive emergency instructions from local authorities. Have a battery-operated radio available and identify a designated emergency alert radio station, _____, and TV channel, _____, to be used.
3. Use your TV or radio to receive information. In certain emergencies, such as floods or tornadoes, track updates to gauge the level of danger to you and your family. Respond accordingly. The power may be out, so it is imperative to keep a portable AM/FM radio on hand with a fresh battery supply. You might also want to consider keeping an AC adapter that can be plugged into a car lighter to power your radio, cell phone or similar small apparatus.
4. Should I stay, or should I go? It is sometimes safer to stay put; other times you will need to leave. As mentioned above, track updates on your TV or radio to best gauge the situation. Use common sense. If you have to leave, refer to the evacuation options you have listed above and try and communicate your departure and estimated time of arrival to your family members and out-of-state contact. Call everyone once you have arrived.
 - Always keep your vehicle at least half fueled in the event you need to immediately leave – you may not find an operating gas station for a long time.
 - Always travel with an emergency supply kit. If possible, keep a kit permanently in your vehicle.
 - Bring your pets, but realize that only “service animals” may be permitted in public shelters. Therefore, inquire in advance how and where you can leave your pets; store a small emergency pet food ration as a precaution. See page 2 for more information.
 - Time permitting, move any furniture or outdoor valuables into your home and lock all the windows and doors. Leave a note on the door stating your destination and contact information. And check to see if any neighbors may need a ride.
5. Utilities: Familiarize yourself and your family in advance with your utilities. Know where the gas, electric and water shutoff valves are located and, if necessary, ask a professional how to turn them off. NOTE: Once you have turned off the gas, DO NOT ATTEMPT TO TURN THE GAS BACK ON YOURSELF – A professional must do this for you. Keep a wrench or custom tool near the gas and water shutoff valves at all times for quick and easy access.

Do not turn off the gas unless you are instructed to by local authorities or you smell the odor of gas.



6. If you are advised to remain in your home for safety, chemical or other hazards, take the following precautions:
- Close and secure all exterior doors and windows.
 - When chemical or airborne hazards are involved, turn off air conditioning and heating systems, and close all external vents including fireplace dampers.
 - Gather emergency items including your Emergency Financial First Aid Kit, Personal Disaster Preparedness Guide, emergency food & water, medical first aid kit, flashlight, cell phone and a battery-operated radio.
 - Turn on your TV or radio and listen for further instruction and advisories.
 - Keep your phone line free by avoiding unnecessary calls.



Maintain this Personal Disaster Preparedness Guide with your Emergency Financial First Aid Kit (EFFAK). Obtain a Disaster Preparedness Check List from a local authority and follow the recommended actions (see page 6 for more information).

REMEMBER: COMMUNICATION & PREPARATION ARE KEY!

Involve your family members in creating your home preparedness guide and inform every one of the planned actions. Review and update your plan every six months.



PERSONAL ASSET LISTING

I Real Estate

1. Date purchased _____
2. Cost _____
3. Estimated current value _____
4. Appraisal information _____

5. Insured: yes no
6. Additional value added _____

II Auto/Truck/RV/Boat

1. Date purchased _____
2. Cost _____
3. Estimated current value _____
4. Appraisal information _____

5. Insured: yes no
6. Additional value added _____

III Jewelry

1. Date purchased _____
2. Cost _____
3. Estimated current value _____
4. Appraisal information _____

5. Insured: yes no
6. Additional value added _____



IV Art & Antiques

- 1. Date purchased _____
- 2. Cost _____
- 3. Estimated current value _____
- 4. Appraisal information _____

- 5. Insured: yes no
- 6. Additional value added _____

V Photo Equipment

- 1. Date purchased _____
- 2. Cost _____
- 3. Estimated current value _____
- 4. Appraisal information _____

- 5. Insured yes no
- 6. Additional value added _____

VI Video Equipment

- 1. Date purchased _____
- 2. Cost _____
- 3. Estimated current value _____
- 4. Appraisal information _____

- 5. Insured yes no
- 6. Additional value added _____



VII Home Computers/Peripheral Devices

- 1. Date purchased _____
- 2. Cost _____
- 3. Estimated current value _____
- 4. Appraisal information _____
- _____
- 5. Insured yes no
- 6. Additional value added _____
- _____

VIII Unique Furniture

- 1. Date purchased _____
- 2. Cost _____
- 3. Estimated current value _____
- 4. Appraisal information _____
- _____
- 5. Insured yes no
- 6. Additional value added _____
- _____

IX Leather/Furs

- 1. Date purchased _____
- 2. Cost _____
- 3. Estimated current value _____
- 4. Appraisal information _____
- _____
- 5. Insured yes no
- 6. Additional value added _____
- _____



XI Collections

- 1. Date purchased _____
- 2. Cost _____
- 3. Estimated current value _____
- 4. Appraisal information _____
- _____
- 5. Insured yes no
- 6. Additional value added _____
- _____

XII Musical Instruments

- 1. Date purchased _____
- 2. Cost _____
- 3. Estimated current value _____
- 4. Appraisal information _____
- _____
- 5. Insured yes no
- 6. Additional value added _____
- _____

Review your homeowners or renter's and other insurance policies. Do they cover the replacement cost of the assets listed in this section?



FINANCIAL LITERACY AND DISASTER RECOVERY BUDGET

CATEGORY	Monthly Pre-disaster Budget	Monthly Current Budget	Monthly Recovery Budget
EXPENSES:			
Personal Savings			
Mortgage or Rent			
Utilities: Gas/Water/Electric/Trash			
Cable TV			
Telephone			
Home Repairs/Maintenance			
Car Payments			
Gasoline			
Auto Repairs/Maintenance/Fees			
Other Transportation (tolls, bus, subway, etc.)			
Child Care			
Auto Insurance			
Home Owners/Renters Insurance			
Computer Expense			
Credit Cards and revolving accounts			
Entertainment/Recreation			
Groceries & Foods			
Toiletries, Household Products			
Clothing			
Eating Out			
Gifts/Donations			
Healthcare (medical/dental/vision, inc. insurance)			
Hobbies			
Interest Expense (credit cards, fees)			
Magazines/Newspapers			
Additional Federal and State Income Taxes			
Personal Property tax			
Personal Loans			
Pets			
Disaster Expense			
Disaster Expense			
SBA loans			
Miscellaneous Expense			
Miscellaneous Expense			
TOTAL EXPENSES			



FINANCIAL LITERACY AND DISASTER RECOVERY BUDGET

CATEGORY	Monthly Pre-disaster Budget	Monthly Current Budget	Monthly Recovery Budget
INCOME:			
Wages/Salary (take-home amount)			
Bonuses			
Interest Income			
Sale of Assets			
Dividend Income			
Miscellaneous Income			
Grants			
Grants			
Loans			
Loans			
Total Funds Available:			
CASH AVAILABLE (FUNDS AVAILABLE LESS EXPENSES)			

For more information or for help completing your budget, please call HOPE Coalition America at 1-888-388-HOPE (4673)