

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

Name:	Location of Records:

~ Do I know how to get the right medical assistance if it is needed?

Routine Medical:	Phone:
Address:	

Specialist:	Phone:
Address:	

Emergency:	Phone:
Address:	

Dental:	Phone:
Address:	

Poison Control:	Phone:
Address:	

Veterinary:	Phone:
Address:	

~ Do I have one or more reliable sitters for absences or emergencies?

Name:	Address:	Phone Number:

~ Do I know the names and dosages of all medications taken by my family members?

Name:	Medication/Dose:	Prescribed By:	Pharmacy:	Phone Number:

FINANCIAL

- ~ 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, point 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 check registers for all bank accounts (checking, savings, etc)?

Bank Book:	Location:
Bank Book:	Location:
Bank Book:	Location:

- ~ If we have a safe deposit box, do I know where the key is?

Box Location:	Key Location:
Box Location:	Key Location:

~ 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:
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:
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:
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):	

- ~ 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?

- ~ 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:	
Telephone:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
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:	
Phone Number:	Contact Person:
Notes:	
Trash Disposal:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Car Insurance:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Property Insurance:	Company:

Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Health Insurance:	Company:
Account Number:	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:	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:	
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:	Amount:

Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Other:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	
Other:	Company:
Account Number:	Amount:
Due Date:	Mail or Drop Off:
Address:	
Phone Number:	Contact Person:
Notes:	

- ~ Do I know whom to contact if my allotment check (or direct deposit) does not arrive on time?
- Give the check three or four days normal arrival time; then,
 - Contact nearest military base finance office, Army Community Service, Navy Relief (or other service organization) if it still has not arrived.
- ~ Do I have copies of any sales or installment contracts and finance agreements? Do I know where they are located?

Name of sales contract:	Location:
Name of sales contract:	Location:
Name of sales contract:	Location:

AUTOMOBILE/TRANSPORTATION

- ~ If the vehicle is financed, do I know 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 location?

Vehicle:	Title Number:
Location:	
Vehicle:	Title Number:
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:

~ 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 duplicate set of car/truck keys? Can I locate them if needed?

Vehicle:	Number of Duplicate Keys:
Location of Duplicate Keys:	
Vehicle:	Number of Duplicate Keys:
Location of Duplicate Keys:	
Vehicle:	Number of Duplicate Keys:
Location of Duplicate Keys:	

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

HOUSING

~ 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, you 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]

- ~ 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?

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 any) 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:	Location:
Document:	Location:

~ Do I have birth certificates for myself and family? Do I know where they are kept?

Name:	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 know where they are kept?

Location:

~ Do I have Social Security Cards for myself and my family? Do I know where they are kept?

Name	Social Security #	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 policies are kept?

Policy:	Location:

~ Do I know where any stocks, bonds or other securities that we own are kept?

Item:	Location:

~ Do I know where any real estate deeds (or title papers) are kept?

Location:

~ Do my sponsor and I have up-to-date wills? Do I know where the originals are kept?

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 TAKE-1 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: LAW8507@AOL.COM, or at 600 Wade Avenue, Raleigh, NC 27605 [919-832-8507].