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:

order to simplify the process (e.g., A = Resid Designate letter codes below if so desired:	ence, B = Safe Deposit Box, C = Office, etc.).
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 sho	uld be included:
MEDICAL ?	
? Are all the immunizations for each memb	er of the family up-to-date?
Name:	Last Checked:
? Do I know where all of these immunization	n records are maintained?
Name:	Location of Records:

Name:			Locatio	n of Red	cords:	
?? Do I know h	now to get the righ	t medical a	ssi stance	e if it is	needed?	
Routine Medica	 al:		Phone:			
Address:						
Specialist:			Phone:			
Address:						
Emergency:			Phone:			
Address:						
Dental:			Phone:			
Address:						
Poison Control:			Phone:			
Address:						
Veterinary:			Phone:			
Address:						
?? Do I have o	ne or more reliabl	le sitters fo	r absence	s or em	ergencies	s?
Name:	A	ddress:			Phone N	lumber:
?? Do I know t	he names and dos	sages of all	medication	ons tak	en by my	family members?
Name:	Medication/Dos	e: Prescri	bed By:	Phar	macy:	Phone Number:

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

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):	

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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:	I Mail of Diop Oil.	
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:	
NI - 4		
Notes:		
Other:	Company:	
Other: Account Number:	Amount:	
Other: Account Number: Due Date:		
Other: Account Number: Due Date: Address:	Amount: Mail or Drop Off:	
Other: Account Number: Due Date:	Amount:	

- ?? Do I know whom to contact if my allotment check (or direct deposit) does not arrive on time?

 - a. Give the check three or four days normal arrival time; then,
 b. 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 compar	nv?
	till tolliolo lo lillalloca	, ao i mion mo namo ana adalees en me isan sempa	, .

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:	Mem	bership Number:	
Phone Number:		ration Date:	
Company Name:		bership Number:	
Phone Number:		ration 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:	Num	ber of Duplicate Keys:	
Location of Duplicate Keys:			
Vehicle:	Num	ber of Duplicate Keys:	
Location of Duplicate Keys:			
Vehicle:	Num	ber of Duplicate Keys:	
Location of Duplicate Keys:			
 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: Number of Keys:	
Location:	INUM	ber of Keys:	
?? Do I know the names and phone numbers for my neighbors?			
Name:	Phon		
	1 1101	e Number:	
Address:	11101	e Number:	
Address: Notes: Name:		ne Number:	
Address: Notes: Name: Address:			
Address: Notes: Name:			

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] ?? 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:		
<pre>LEGAL/ADMINISTRATIVE ? ?? Are my family's military identification cards up-to-date and valid until after the sponsor's return?</pre>			
?? Are my family's military identification car	ds up-to-date and valid until after the		
?? Are my family's military identification car			
?? Are my family's military identification car sponsor's return?	ds up-to-date and valid until after the Expiration Date:		
?? Are my family's military identification car sponsor's return?			
?? Are my family's military identification car sponsor's return?			
?? Are my family's military identification car sponsor's return?			
?? Are my family's military identification car sponsor's return?	Expiration Date:		
?? Are my family's military identification car sponsor's return? Name: ?? Do I know where and how to obtain new	Expiration Date:		
?? Are my family's military identification car sponsor's return? Name:	Expiration Date:		
?? Are my family's military identification car sponsor's return? Name: ?? Do I know where and how to obtain new Address: Notes: ?? Do I know where all citizenship papers (in	Expiration Date: identification cards? Phone Number:		
?? Are my family's military identification car sponsor's return? Name: ?? Do I know where and how to obtain new Address: Notes:	Expiration Date: identification cards? Phone Number:		
?? Are my family's military identification car sponsor's return? Name: ?? Do I know where and how to obtain new Address: Notes: ?? Do I know where all citizenship papers (in	Expiration Date: identification cards? Phone Number: f any) are kept?		

?? Has my sponsor executed a special power of attorney so I can take necessary action on important family matters during his/her absence?

		wer of attorney so that I can cash his/her ue to be sent to my address)?
?? Do I know w	here all general and specia	al powers of attorney are kept?
Document:		Location:
?? Do I have bi	rth certificates for myself a	nd family? Do I know where they are kept?
Name:		Location:
?? Do I have a	copy of our marriage certif	icate? Do I know where it is located?
Location:		
22 Do I have co	onies of adoption naners?	Do I know where they are kept?
	ples of adoption papers:	DOT KNOW WHERE they are kept:
Location:		
?? Do I have So kept?	ocial Security Cards for mys	self and my family? Do I know where they are
Name	Social Security #	Location:
?? Do I have co Location:	opies of our federal and sta	te tax records? Do I know where they are kep
	opies of our federal and sta	te tax records? Do I know where they are kep
Location:	opies of our federal and sta	
Location:		
Location:		ce policies are kept?
Location:		ce policies are kept?
Location:		ce policies are kept?
Location:		ce policies are kept?

?? 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 (o	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.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/legalassis_tance 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].