



HOUSEHOLD MEMBERS

List name, date of birth, contact information and known medical conditions for each (use additional sheets, if needed)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

EMERGENCY CONTACT LIST

List name and number for each of the following, if applicable:

Primary Care Physician: _____

Pharmacist: _____

Health Insurance: _____

Hospital: _____

Lawyer: _____

Banker: _____

Financial Advisor: _____

Accountant: _____

Insurance Broker: _____

Police Department: _____

Poison Control: _____

OUT-OF-STATE CONTACT:

It is important to identify a friend or family member outside of your immediate location to act as a point-of contact in case of emergencies. During a local emergency, it may be easier to make a long-distance call than a local one.

Contact: _____

IMPORTANT DOCUMENTS

- Driver's License
- Passport
- Social Security Card
- Will
- Trust Documents
- Power of Attorney
- Tax Return
- Life Insurance
- Homeowners/Renters Insurance
- Health Insurance Card

ADDITIONAL RESOURCES

Identity Theft Resource Center: 1-888-400-5530

National Elder Fraud Hotline:

1-833-FRAUD-11 (1-833-372-8311)

Adult Protective Services: 844-751-6729

Legal Aid Resources:

Santa Maria 805-922-9909

Lompoc 805-963-6754

Santa Barbara 805-963-6754

San Luis Obispo 805-543-5140