

Emergency Information for My Family

Full Name (including maiden name) _____

Date of Birth _____

Social Security Number _____

Personal Documents

	Location
<input type="checkbox"/> Birth Certificate	_____
<input type="checkbox"/> Social Security Card	_____
<input type="checkbox"/> Marriage Certificate(s)	_____
<input type="checkbox"/> Divorce Decree(s)	_____
<input type="checkbox"/> Veteran's Papers	_____
<input type="checkbox"/> Deed to Home(s)	_____
<input type="checkbox"/> Title to Car(s)	_____
<input type="checkbox"/> Will	_____
<input type="checkbox"/> Adoption Papers	_____
<input type="checkbox"/> Passport	_____
Number	_____
Expiration Date	_____
<input type="checkbox"/> Citizenship Papers	_____

Medical Information

Doctor's Name _____

Doctor's Address _____

Doctor's Phone Number _____

Doctor's Name _____

Doctor's Address _____

Doctor's Phone Number _____

Hospital of Choice _____

Private Insurance Company _____

Private Insurance Policy Number _____

Medigap or Supplemental Insurance Policy _____

Dental Insurance Policy _____

Medicare Number _____

Medicaid Number _____

Significant Medical History _____

Medications as of (today's date):

Name, dose, purpose, doctor

Location

Living Will _____
 Medical Power of Attorney _____
 Insurance Cards _____

Insurance

Location

Life _____
Company _____
Policy Number _____

Long-Term Care _____
Company _____
Policy Number _____

Disability _____
Company _____
Policy Number _____

Homeowners/Renters _____
Company _____
Policy Number _____

Automobile _____
Company _____
Policy Number _____

Liability _____
Company _____
Policy Number _____

Income Sources

Source _____
Amount / When Received _____

Source _____
Amount / When Received _____

Source _____
Amount / When Received _____

Assets

Location

Check Book _____
Bank _____
Account Number _____

Savings Book/Statement _____
Bank _____
Account Number _____

IRA Records _____
Company _____
Account Number _____

Company _____
Account Number _____

Certificate(s) of Deposit _____
Bank _____
Bank _____

Pension Papers _____
Company _____
Employee ID Number _____
Company _____
Employee ID Number _____

Safe Deposit Box _____
Institution _____
Key Holders _____

Investments & Other _____

Power of Attorney for Property _____

Liabilities

Mortgage Company _____
Amount / Date Due _____

Car Payment _____

Monthly Bills _____

Other _____

Legal

Name of Attorney _____
Address _____
Telephone Number _____

Burial

Prepaid Site or Plan _____
Provider(s) _____

Instructions _____

Location

Account and Access Passwords

Company	User Name	Password
<i>Bank accounts, debit cards, memberships, on-line shopping services, book clubs, store loyalty cards, computer files, etc.</i>		

Other Notes

The Senior Resource Center at Family Service provides a wide range of services for seniors and their families. From information and referral to supporting family caregivers to providing help with Medicare Part D to home delivered meals to help with other changing needs - we're...

One Number to Call for Seniors & Their Families

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