



Family Preparedness Plan

WHAT YOU NEED TO KNOW



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Utah Immigrant Advocacy Coalition

In Partnership with The Center for Economic Opportunity & Belonging

www.u-iac.com

www.belonginutah.org

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Why do I need a Family Preparedness Plan?

Regardless of immigration status, every family should have a Family Preparedness Plan. While we hope that you never have to use this plan, it is good practice to have one in place to help reduce the stress of the unexpected. We hope this guide helps you and your loved ones feel empowered to take control of your safety and well-being.



For More Information

Check out u-iac.com/emergency-preparedness or scan the QR-code for more information and resources such as:

- Know Your Rights
- Important Documents to Gather
- Consulates in Utah
- Legal Resources
- And More

Checklist For Our Children

- Decide if you need to fill out a [Power of Attorney](#) document to grant temporary “guardianship” to someone you trust.
 - Complete a [HIPPA](#) form (**A HIPPA release form allows doctors to share medical records that contain protected health information. The form is often referred to as a PHI.**) along with the Power of Attorney document.
 - Once it is completed and signed, the document should be attached to the Power of Attorney.
 - For these two documents and copies of these documents require an original signature.
- Select an emergency contact and tell them of your plans.
- Appoint someone to care for your children and tell them of your plans.
 - This should be a responsible adult you trust and that your child knows and is comfortable around. Ideally, this person should have lawful immigration status.
 - Memorize their phone number and make sure your children know it as well.
- Create a file with all of your important documents.
- Give copies of this file to your emergency contact.
- If you're child is a U.S. citizen, apply for a passport.
- Update your children's' emergency contact information at their school or childcare facilities.
- Pack a backpack with a change of clothes and other essential items your child would need for an overnight stay.

Checklist for Belongings & Financials

- Take photos and make copies of all your important documents related to your bank accounts, house, apartment, business, car, loans, insurance, immigration documents, birth certificates, legal documents, etc.
 - Organize these documents in a folder to keep in a safe, locked place. Or you can upload them to a password protected folder online or put them on a thumb drive.
 - If it feels unsafe to keep this folder at home, send hard copies to someone you trust.
 - Make a plan for your home, apartment, business, and other financial assets.
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Fill Out Your Plan

Your Full Name:

Date:

My Information

Spouse Name:

Address:

Place & Date of Birth:

Work Place:

Work Schedule:

Work Phone:

Cell Phone:

Immigration Status:

Family Immigration Attorney's Name:

Phone Number:

Address:

Family Doctor's Name:

Phone Number:

Health Insurance:

Consulate of:

Phone Number:

Address:

Family Members in the United States

1.Name

Phone Number:

Address:

Relation:

2.Name

Phone Number:

Address:

Relation:

3.Name

Phone Number:

Address:

Relation:

Family Members Outside of the United States

1.Name

Phone Number:

Address:

Relation:

2.Name

Phone Number:

Address:

Relation:

3.Name

Phone Number:

Address:

Relation:

Children

1.Name

Gender:

Place and Date of Birth:

Citizenship:

Social Security:

Medical History:

Allergies:

Doctor's Name and Phone Number:

Child's Cell Phone Number:

Name of School or Childcare and Phone Number:

Teacher's Name and Contact Information:

Grade:

School Schedule:

Afterschool Program and Phone Number:

2.Name

Gender:

Place and Date of Birth:

Citizenship:

Social Security:

Medical History:

Allergies:

Doctor's Name and Phone Number:

Child's Cell Phone Number:

Name of School or Childcare and Phone Number:

Teacher's Name and Contact Information:

Grade:

School Schedule:

Afterschool Program and Phone Number:

3.Name

Gender:

Place and Date of Birth:

Citizenship:

Social Security:

Medical History:

Allergies:

Doctor's Name and Phone Number:

Child's Cell Phone Number:

Name of School or Childcare and Phone Number:

Teacher's Name and Contact Information:

Grade:

School Schedule:

Afterschool Program and Phone Number:

4.Name

Gender:

Place and Date of Birth:

Citizenship:

Social Security:

Medical History:

Allergies:

Doctor's Name and Phone Number:

Child's Cell Phone Number:

Name of School or Childcare and Phone Number:

Teacher's Name and Contact Information:

Grade:

School Schedule:

Afterschool Program and Phone Number:

Our Plan For Our Children

In case of an emergency, we wish for our children to be taken care of by:

Phone Number:

Address:

Instructions:

Plan if Spouse/ Parents is Detained

Legal Plan

If I am detained:

My Bank Accounts

Bank Name:	Checklist:
Account Type:	<input type="checkbox"/> I know how to log in and manage my account online.
Account #:	<input type="checkbox"/> I will/ will not designate a joint or authorized user.
Login Information:	<input type="checkbox"/> I do/do not have overdraft protection.
Account Users:	<input type="checkbox"/> I have set up low balance alerts.
Bank Name:	<input type="checkbox"/> I have added my children or family members as beneficiaries.
Account Type:	
Login Information:	
Account Users:	

Utilities- Gas

Company:	Checklist:
Account #:	<input type="checkbox"/> I know how to log in and manage my account online.
Monthly Payment Date:	<input type="checkbox"/> I will/ will not designate a join or authorized user.
Usual Payment Amount:	<input type="checkbox"/> I have set up automatic bill pay for \$_____ on the _____ of each month.
Login Information:	
Account Users:	

Utilities- Power

Company:	Checklist:
Account #:	<input type="checkbox"/> I know how to log in and manage my account online.
Monthly Payment Date:	<input type="checkbox"/> I will/ will not designate a join or authorized user.
Usual Payment Amount:	<input type="checkbox"/> I have set up automatic bill pay for \$_____ on the _____ of each month.
Login Information:	
Account Users:	

Credit Cards

Company:	Checklist:
Account #:	<input type="checkbox"/> I know how to log in and manage my account online.
Monthly Payment Date:	<input type="checkbox"/> I will/ will not designate a join or authorized user.
Usual Payment Amount:	<input type="checkbox"/> I will/ will not give someone I trust a card with their name on it.
Login Information:	<input type="checkbox"/> I have set up automatic bill pay for \$_____ on the _____ of each month.
Account Users:	

Cell Phones

Company:	Checklist:
Account #:	<input type="checkbox"/> I know how to log in and manage my account online.
Monthly Payment Date:	<input type="checkbox"/> I will/ will not designate a join or authorized user.
Usual Payment Amount:	<input type="checkbox"/> I have set up automatic bill pay for \$_____ on the _____ of each month.
Login Information:	
Account Users:	

Insurance

Company:	Checklist:
Account #:	<input type="checkbox"/> I know how to log in and manage my account online.
Monthly Payment Date:	<input type="checkbox"/> I will/ will not designate a join or authorized user.
Usual Payment Amount:	<input type="checkbox"/> My insurance expires on: _____.
Login Information:	<input type="checkbox"/> I've saved copies of my proof of insurance and insurance card online.
Account Users:	<input type="checkbox"/> I have set up automatic bill pay for \$_____ on the _____ of each month.

Loans

Company:	Checklist:
Account #:	<input type="checkbox"/> I know how to log in and manage my account online.
Monthly Payment Date:	<input type="checkbox"/> I will/ will not designate a join or authorized user.
Usual Payment Amount:	<input type="checkbox"/> I've saved copies of my loan information online.
Login Information:	<input type="checkbox"/> I have set up automatic bill pay for \$_____ on the _____ of each month.
Account Users:	

Other Accounts

Company:	Checklist:
Account #:	<input type="checkbox"/> I know how to log in and manage my account online.
Monthly Payment Date:	<input type="checkbox"/> I will/ will not designate a join or authorized user.
Usual Payment Amount:	<input type="checkbox"/> I have set up automatic bill pay for \$_____ on the _____ of each month.
Login Information:	
Account Users:	

My Home

Name of landlord or mortgage company:	Checklist:
Account # (if any):	<input type="checkbox"/> I know how to log in and manage my account online (if possible).
Monthly Payment Date:	<input type="checkbox"/> I will/ will not designate a join or authorized user.
Usual Payment Amount:	<input type="checkbox"/> I will/ will not add someone I trust to my lease (if applicable).
Login Information (if any):	<input type="checkbox"/> My lease (if any) expires on _____.
Account Users (if any):	<input type="checkbox"/> I do/ do not want to set up a power of attorney related to my home.

My Car

Make/ Model:	Checklist:
License Plate:	<input type="checkbox"/> I plan to keep/ sell/ rent/ give away my car (circle your answer).
VIN:	<input type="checkbox"/> I will ask _____ to handle this for me if I cannot.
Approximate Mileage:	<input type="checkbox"/> I have pictures of important documents like the title to the car saved in a file with copies.
Approximate Value:	<input type="checkbox"/> I do/ do not want to set up a power of attorney related to my car.
Emergency Contact:	

My Business

Name:	Checklist:
Address:	<input type="checkbox"/> I plan to transfer/ sell/ dissolve my business (circle your answer).
Monthly Lease or Mortgage Payment Date:	<input type="checkbox"/> I will ask _____ to handle this for me if I cannot.
Usual Payment Amount:	<input type="checkbox"/> I have pictures of important documents like the mortgage, lease, state licenses saved in a file with copies.
Login Information:	<input type="checkbox"/> I do/ do not want to set up a power of attorney related to my business.
Account Users:	

