



Household Contacts

It is important to have **contact information** for all your financial advisors, health professionals, and service providers. Consider putting a copy of their business cards in your EFFAK or adding these contacts to your cell phone contact list. This information serves as a backup in case your address book or contact lists are lost or destroyed during an emergency or disaster. These contacts include, but are not limited to, the following:

- Landlord or mortgage representative;
- Doctor, dentist, or other health care providers (e.g.; audiologists, kidney dialysis centers);
- Insurance agent;
- Person in charge of your military benefits;
- Social services representative (for services such as the Supplemental Nutrition Assistance Program, Aid to Family programs, Supplemental Security Income, and Social Security Disability Insurance);
- Local disability service provider or case manager;
- Assistive technology or durable medical equipment provider;
- Lawyer;
- Financial advisor;
- Banking institution(s);
- Neighborhood, civic, and house of worship contacts.

POINT OF CONTACT #1:

| | | |
|---------------|-------------|--------|
| Contact Type: | | |
| Last Name: | First Name: | Title: |
| Company/Firm: | | |
| Street: | | Suite: |
| City: | State: | ZIP |
| Work Phone: | Email: | |
| Home Phone: | Fax: | |

POINT OF CONTACT #2:

| | | |
|---------------|-------------|--------|
| Contact Type: | | |
| Last Name: | First Name: | Title: |
| Company/Firm: | | |
| Street: | | Suite: |
| City: | State: | ZIP |
| Work Phone: | Email: | |
| Home Phone: | Fax: | |

POINT OF CONTACT #3:

| | | |
|---------------|-------------|--------|
| Contact Type: | | |
| Last Name: | First Name: | Title: |
| Company/Firm: | | |
| Street: | | Suite: |
| City: | State: | ZIP |
| Work Phone: | Email: | |
| Home Phone: | Fax: | |

POINT OF CONTACT #4:

| | | |
|---------------|-------------|--------|
| Contact Type: | | |
| Last Name: | First Name: | Title: |
| Company/Firm: | | |
| Street: | | Suite: |
| City: | State: | ZIP |
| Work Phone: | | Email: |
| Home Phone: | | Fax: |

POINT OF CONTACT #5:

| | | |
|---------------|-------------|--------|
| Contact Type: | | |
| Last Name: | First Name: | Title: |
| Company/Firm: | | |
| Street: | | Suite: |
| City: | State: | ZIP |
| Work Phone: | | Email: |
| Home Phone: | | Fax: |