Household Preparedness Master Plan

a plan today, peace of mind tomorrow

Our Goal:

1 Household Members

Name	Age	Medical Needs	Dietary Needs

NOTES: _____

2 Food and Water Inventory Summary

Food Supply

Estimated Total: _____

Days on Hand: _____

Key Items in Stock:

- _____
- _____
- _____

Water Supply

Total Gallons: _____

Days on Hand: _____

Water Storage Locations:

- _____
- _____
- _____

NOTES / NEEDS:

3 Medications and Health Checklist Summary

- ☐ Prescription Medications (30+ day supply)
- ☐ Over-the-Counter Medications
- ☐ First Aid Kit (stocked)
- ☐ Medical Supplies (bandages, etc.)
- ☐ Health Records (accessible)
- ☐ Vision / Hearing Aids & Batteries
- ☐ Emergency Medical Info (copies)
- ☐ Other: _____

NOTES / NEEDS:

4 Utilities and Energy Backup Status

	Status / Notes
Electricity — Backup Power: _____	
Water — Backup / Alternative: _____	
Heating — Backup Heat Source: _____	
Communication — Backup / Alternate: _____	
Fuel — Supply on Hand: _____	

5 Personal Care Reserve Status

- ☐ Toilet Paper
- ☐ Soap / Body Wash
- ☐ Shampoo / Conditioner
- ☐ Dental Care
- ☐ Feminine Hygiene
- ☐ Deodorant
- ☐ Razors / Shaving
- ☐ Laundry Supplies
- ☐ Cleaning Supplies
- ☐ Disinfectants
- ☐ Hand Sanitizer
- ☐ Tissues
- ☐ Trash Bags
- ☐ Baby Care Items
- ☐ Other: _____
- ☐ Other: _____

NOTES / NEEDS:

6 Financial Notes

Emergency Fund Location: _____

Cash on Hand: $_____

Important Documents Location: _____

Insurance Policies Location: _____

Other Financial Notes: _____

7 Emergency Contacts and Info Sources

Important Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Info Sources

Local Alerts / Weather: _____

Emergency Info Website / App: _____

Other: _____

8 Special Needs Summary (Infants / Seniors / Pets)

Infants / Children

Needs / Notes: _____

Seniors

Needs / Notes: _____

Pets

Type / Name: _____

Supplies on Hand: _____

Seasonal Review Dates

Spring	Summer	Fall	Winter
Review Date: _____	Review Date: _____	Review Date: _____	Review Date: _____

Update Checklist (Do These 5 Things)

1. Review supplies and replace or restock as needed.
2. Check expiration dates on food, water, and medications.
3. Update contact information and important documents.
4. Review family needs and any changes.
5. Pray, plan, and be prepared—together.

Prepared hearts. Prepared homes. Peace of mind.