ACTION PLAN - SAFE DATE:____

ASSESS		
What is the situation?	FACTS ONLY!	
Need to protect:	Health?	What are immediate dangers?
	Wealth?	What are immediate losses?
	Document via diary.	
COMMUNICATE		
	Friends & Family	
	Employer	
	Charities	Red Cross
	Government	FEMA www.fema.gov
		Unemployment
	Insurance	
	Mortgage Company/Land Lord	
	Other Lenders	Loans, Credit Cards, etc.
	Utilities	Electric, Water, Gas, etc.
	Mail – Change of Address	www.usps.com
	Daily family meeting.	Focus on progress.
		Make decisions together.
TRANSACT		
	Follow up items?	
	Keep appointments.	
	Meet deadlines.	
INVENTORY		
INVENTORI	Material Assets	
	Keep track of action items	
	Maintain your calendar	
	, , , , , , , , , , , , , , , , , , ,	
OBSERVE		
	Gather data.	
	Monitor your family.	
NAVIGATE		
MAYIUAIL	Pace yourself.	
	Keep moving forward.	
	Do things in their own time.	
	20 mings in mon own time.	
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NOTES: Use the back of this sheet for additional notes.