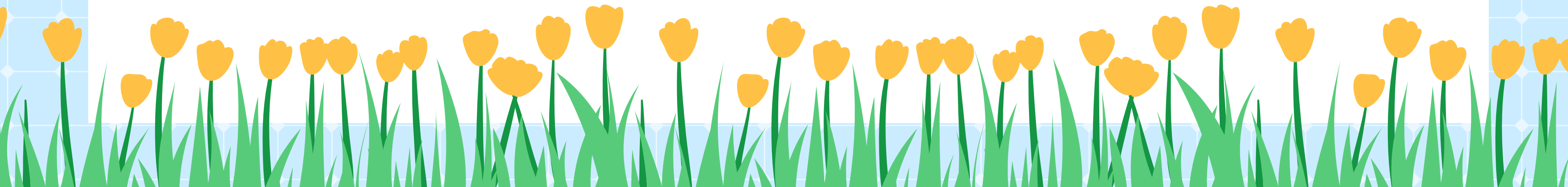


SPRING ORGANIZING

The Household Binder



YOUR INTERNET STOPS WORKING





YOUR INTERNET STOPS WORKING

Do you know your provider's phone number and your account number?





YOUR INTERNET STOPS WORKING

Do you know your provider's phone number and your account number?

YOU LOSE YOUR PHONE





YOUR INTERNET STOPS WORKING

Do you know your provider's phone number and your account number?

YOU LOSE YOUR PHONE

Do you know your friends' and family's phone numbers?





YOUR INTERNET STOPS WORKING

Do you know your provider's phone number and your account number?

YOU LOSE YOUR PHONE

Do you know your friends' and family's phone numbers?

YOU HAVE AN ACCIDENT & ARE HOSPITALIZED





YOUR INTERNET STOPS WORKING

Do you know your provider's phone number and your account number?

YOU LOSE YOUR PHONE

Do you know your friends' and family's phone numbers?

YOU HAVE AN ACCIDENT & ARE HOSPITALIZED

Can someone easily help you?



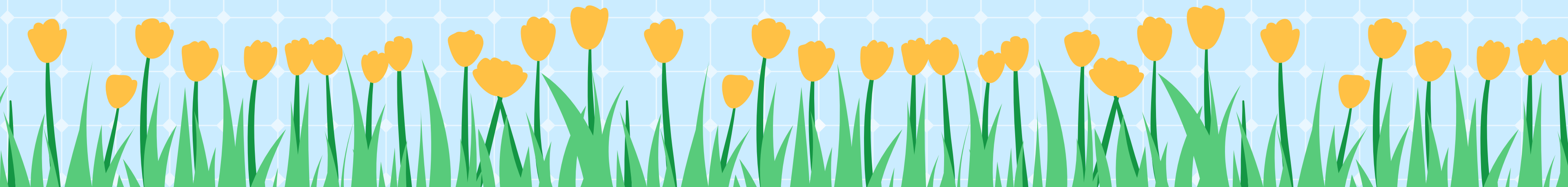


YOU MAY NEED A HOUSEHOLD BINDER

A “STANDARD OPERATING
PROCEDURE” TO
YOUR HOME LIFE

WHAT DO I INCLUDE?

FOR YOUR SPECIFIC HOME



IDEAS

- basic info on each family member, including pets
- emergency contacts
- important documents
- list of assets
- household projects/home maintenance
- insurance information
- health info
- login IDs & passwords
- finances/bills
- estate planning





PERSONAL INFORMATION

Adult Family Member

Full Name _____

Address _____

Cell Phone _____ Work Phone _____

License _____ SS# _____

Birthday _____ email _____

IDENTIFYING INFORMATION

Nickname _____ Blood Type _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Identifying Marks (Birthmarks, tattoos, etc.)

EMPLOYMENT INFORMATION

Employer _____ Position _____

Phone _____ email _____

Address _____

EMERGENCY INFORMATION

Contact _____ Phone _____

Doctor _____ Phone _____

Allergies _____

Current Medications _____

Prior Hospitalizations _____

INSURANCE Co _____ ID # _____

IMPORTANT CONTACTS

- Doctors
- Pediatrician
- Dentist
- Veterinarian
- Hospital Preference
- Lawyer
- Accountant
- Financial Advisor

IMPORTANT CONTACTS

Name	Relation	Name
Phone	Fax	Phone
Address		Address
Email		Email

Name	Relation	Name
Phone	Fax	Phone
Address		Address
Email		Email

Name	Relation	Name
Phone	Fax	Phone
Address		Address
Email		Email

Name	Relation	Name
------	----------	------



IMPORTANT DOCS

Keep these documents in one section, or divide them up throughout the binder.

- passports
- birth certificates
- social security cards
- mortgage documents
- military service records
- marriage certificate
- voter registration
- degrees, diplomas, transcripts
- pet vaccination records
- titles for vehicles, property, etc...
- cemetery deeds
- stock certificates
- college transcripts
- receipts for valuables

These can be kept in protective sleeves in the binder. They can also be kept in an alternate place (i.e. fire box) with a note in the binder referencing their location.

HOME UPDATES, PROJECTS, REPAIRS

Household Projects

ROOM	
Size:	
Wall Color:	
Date	
Trim Color:	
Date	
Flooring:	
Date	

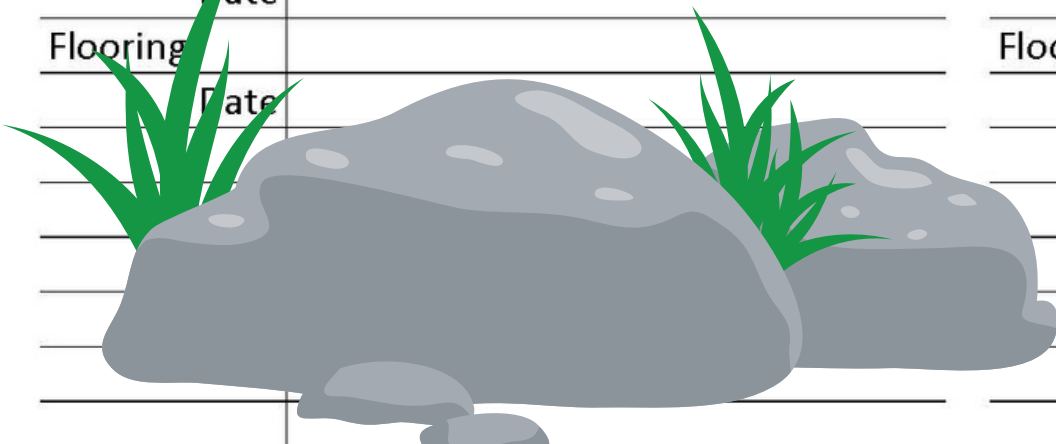
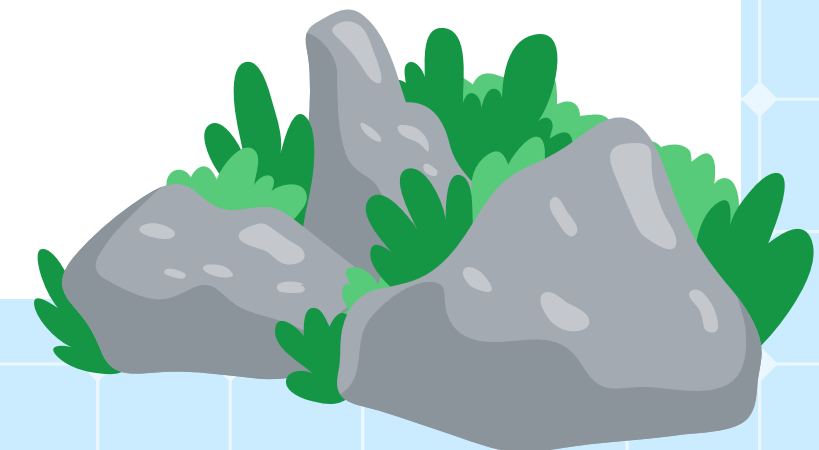
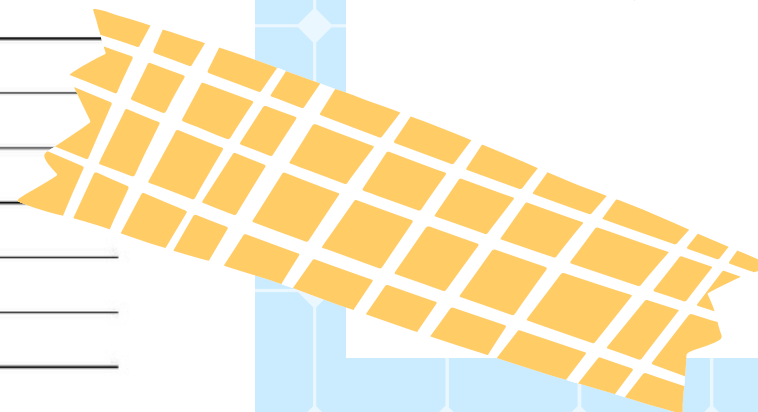
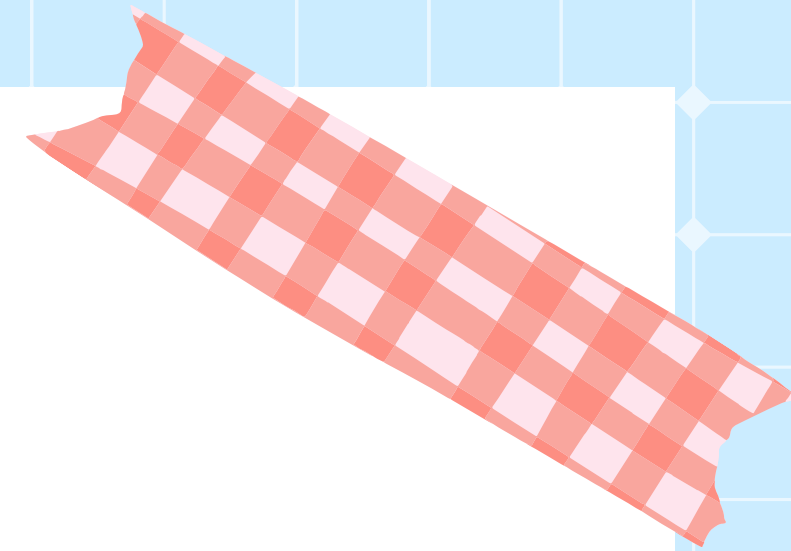
ROOM	
Size:	
Wall Color:	
Date	
Trim Color:	
Date	
Flooring:	
Date	

ROOM	
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Wall Color:	
Date	
Trim Color:	
Date	
Flooring:	
Date	

ROOM	
Size:	
Wall Color:	
Date	
Trim Color:	
Date	
Flooring:	
Date	

Keep Copies of:

- warranties
- contracts
- receipts
- home inspections
- contractor/home service info
(add business cards)



CONTRACTOR INFO

CONTRACTOR CONTACTS

Name	Service PEST CONTROL
Phone	Fax
Address	
Email	

Name John Doe	Service Fireplace
Phone	Fax
Address	
Email	

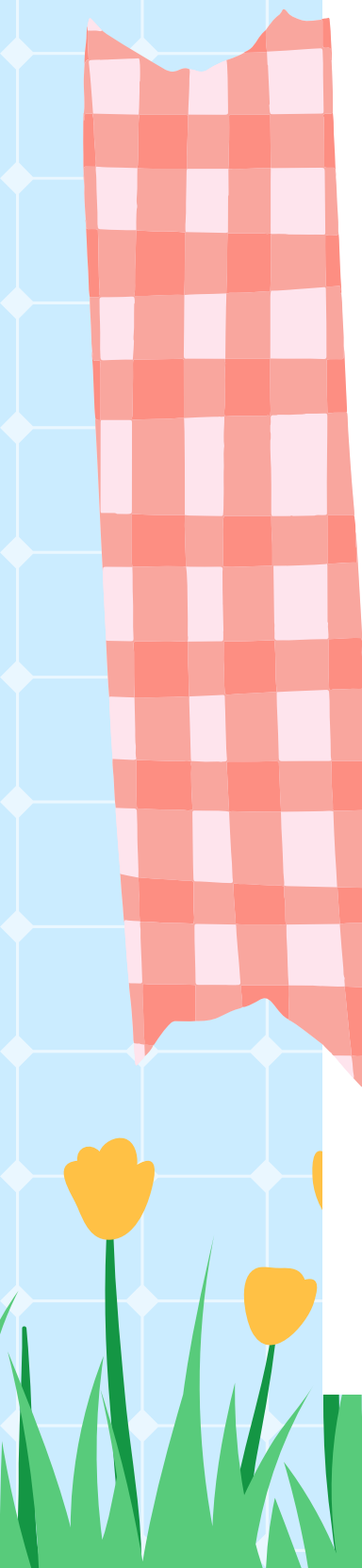
BAD SERVICE

Name	Service
Phone	Fax

Name	Service
Phone	Fax
Address	
Email	

Name	Service
Phone	Fax
Address	
Email	

Name	Service
Phone	Fax



Home Maintenance Checklist

Summer, cont'd.

Date

<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Fall

<input type="checkbox"/>	Install fresh batteries in smoke and carbon monoxide detectors	_____
<input type="checkbox"/>	Test and dust all detectors	_____
<input type="checkbox"/>	Check fire extinguishers	_____
<input type="checkbox"/>	Clean kitchen exhaust hood and filter	_____
<input type="checkbox"/>	Drain sediment from hot water heater	_____
<input type="checkbox"/>	Vacuum refrigerator coils	_____
<input type="checkbox"/>	Insulate exposed pipes as needed	_____
<input type="checkbox"/>	Schedule furnace inspection	_____
<input type="checkbox"/>	Remove (or cover) window air conditioners	_____
<input type="checkbox"/>	Have chimneys and flues inspected and cleaned	_____
<input type="checkbox"/>	Remove screens and install storm windows	_____
<input type="checkbox"/>	Turn off outdoor water supply, and store hoses	_____
<input type="checkbox"/>	Inspect roof for damage	_____
<input type="checkbox"/>	Clean gutters	_____
<input type="checkbox"/>	Inspect caulk around windows and doors; recaulk as needed	_____
<input type="checkbox"/>	Trim trees and shrubs away from house	_____
<input type="checkbox"/>	Inspect deck for any nails or screws that may be popping up	_____
<input type="checkbox"/>	Cover or store outdoor furniture	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Winter

<input type="checkbox"/>	Clean kitchen exhaust hood and filter	_____
<input type="checkbox"/>	Test GFCI outlets	_____
<input type="checkbox"/>	Vacuum refrigerator coils	_____
<input type="checkbox"/>	Clean dryer vent	_____
<input type="checkbox"/>	Check sinks and toilets for leaks	_____
<input type="checkbox"/>	Inspect hoses on washing machine, dishwasher & icemaker for leaks	_____
<input type="checkbox"/>	Change direction of ceiling fans	_____
<input type="checkbox"/>	Test sump pump	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Home Maintenance Checklist

Date

<input type="checkbox"/>	Clean or replace HVAC filters	_____
<input type="checkbox"/>	Clean kitchen drain/garbage disposal	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Date

<input type="checkbox"/>	Install fresh batteries in smoke and carbon monoxide detectors	_____
<input type="checkbox"/>	Test and dust all detectors	_____
<input type="checkbox"/>	Inspect bathroom and kitchen caulk; recaulk as needed	_____
<input type="checkbox"/>	Vacuum refrigerator coils	_____
<input type="checkbox"/>	Schedule air conditioning inspection	_____
<input type="checkbox"/>	Check fire extinguishers	_____
<input type="checkbox"/>	Clean kitchen exhaust hood and filter	_____
<input type="checkbox"/>	Clean and seal deck (if needed)	_____
<input type="checkbox"/>	Inspect exterior paint and touch up as needed	_____
<input type="checkbox"/>	Inspect siding/masonry for damage	_____
<input type="checkbox"/>	Remove storm windows, and install screens	_____
<input type="checkbox"/>	Repair/replace damaged window screens	_____
<input type="checkbox"/>	Inspect roof for damage	_____
<input type="checkbox"/>	Inspect attic for leaks	_____
<input type="checkbox"/>	Inspect outdoor play equipment	_____
<input type="checkbox"/>	Clean gutters	_____
<input type="checkbox"/>	Prune spring-flowering shrubs after they bloom	_____
<input type="checkbox"/>	Prune summer-flowering shrubs before they bloom	_____
<input type="checkbox"/>	Schedule yearly septic tank inspection	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Date

<input type="checkbox"/>	Clean kitchen exhaust hood and filter	_____
<input type="checkbox"/>	Vacuum refrigerator coils	_____
<input type="checkbox"/>	Reverse ceiling fans	_____
<input type="checkbox"/>	Inspect foundation for drainage problems (clogged downspouts, grading issues, etc.)	_____
<input type="checkbox"/>	Inspect basement/crawl space for moisture issues	_____
<input type="checkbox"/>	Inspect for insect activity (termites, ants, wood bees, etc.)	_____

Continued on next page.

“HOW TO...”

Do you know...

- ... how to change your furnace filter?
- ... how to turn off the main water supply to the house?
- ... how about the water supply to the outside of your home? - hoses

- ... how to test your sump pump?
- ... clean the dryer vent?
- ... change the direction of your ceiling fans?
- ... replace a water filter?



VEHICLES N TOYS

This is a section for your cars, boats, atvs, etc

- VIN, make/model, license plate, date purchased
- contact information for:
 - the car dealer, warranty provider, loan provider, and mechanic
- maintenance log
- receipts
- warranty information



INSURANCE

- Home
- Auto
- Toys
- Umbrella
- Life



- declaration pages for each policy
- inventory items in your home
- photos of important items - jewelry, artwork, etc
- receipts

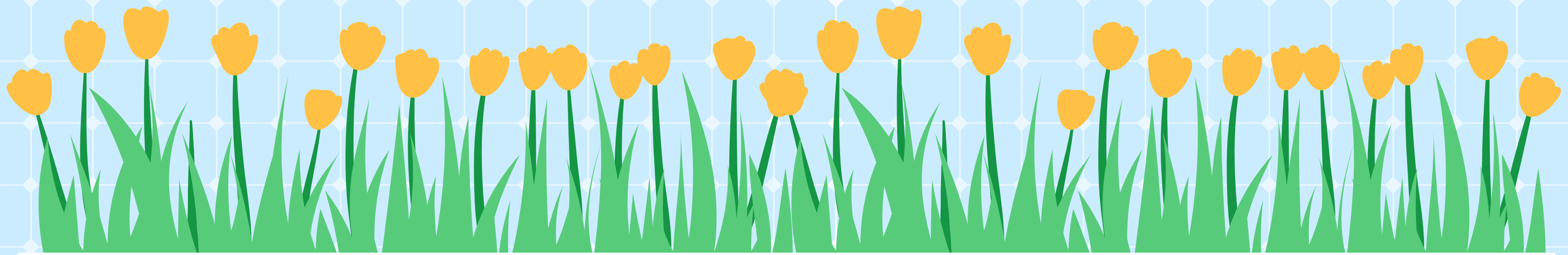
(If there is a loss, you would be expected to provide a list of all of your personal property that was damaged or stolen, along with its estimated value and age at the time of loss.)

Date Modified _____

Living Room/Den

<u>Item</u>	<u>Manufacturer</u>	<u>Model, Serial Number</u>	<u>Date Purchased</u>	<u>Purchase Price</u>
Sofa				
Loveseat				
Recliner				
Chairs				
Ottoman				
Coffee Table				
End tables				
Computer				
Computer monitor				
External hard drive				
Computer peripherals				
Television				
Entertainment center				
Stereo				





HEALTH/MEDICAL

- at-a-glance medical summary information for each family member
- at-a-glance emergency medical information
- vaccination records for each family member
- medical contacts
- health insurance details (copy of your id card)
- prescription coverage details



AT-A-GLANCE MEDICAL SUMMARY

Name _____ Birthdate _____ Blood Type _____

Medical Conditions & Treatments _____

Medication with Doses _____

Allergies, Including Reactions and Treatment _____

Family Medical History _____

AT-A-GLANCE EMERGENCY SUMMARY

Preferred Hospital _____

Who to Contact: Name & Phone _____ Name & Phone _____

MEDICAL CONTACTS

Primary Doctor _____

Specialists _____

Dentist _____

Pharmacy _____

Insurance _____

HEALTH INSURANCE

Primary Insurance (Company Name & ID number) _____

Summary of benefits insurance details _____

Co-pay _____ Deductible _____

Secondary Insurance (Company Name & ID number) _____

Summary of benefits insurance details _____

Co-pay _____ Deductible _____

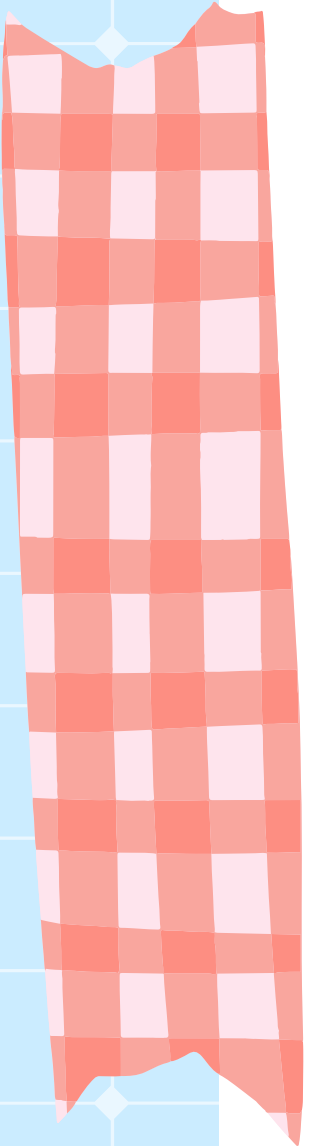
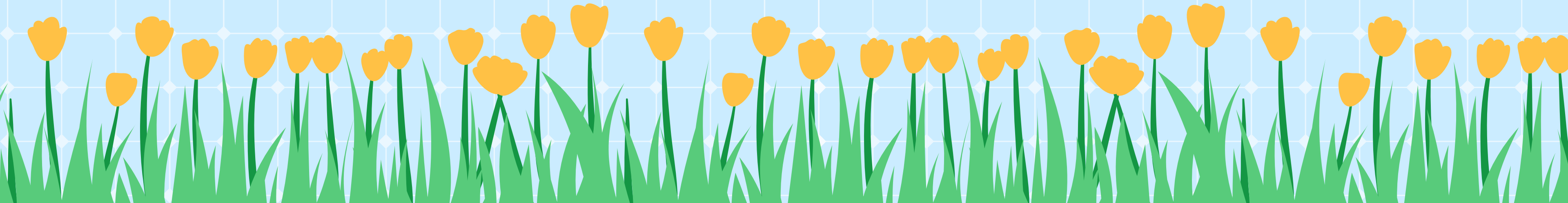
Prescription (Company Name & ID number) _____

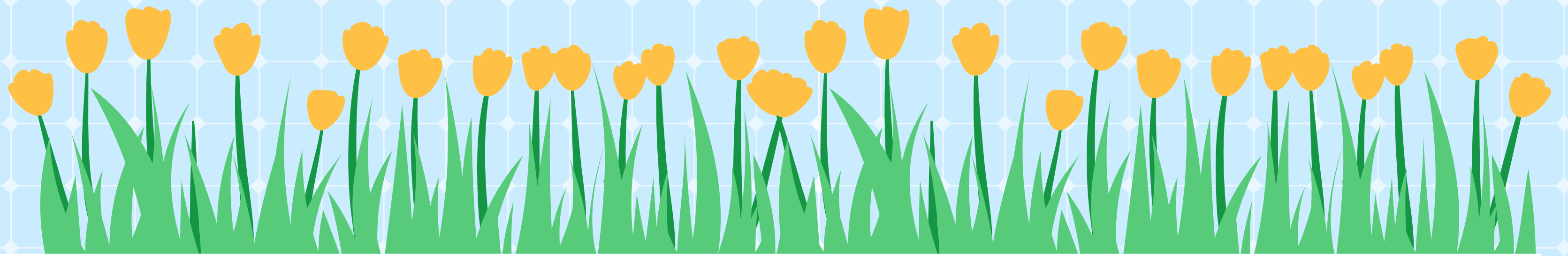
Co-pay _____ Deductible _____

Misc. _____



THE BILLS

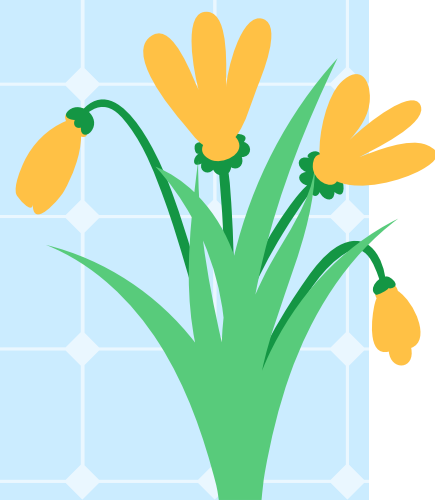
- 
- Company Name, Service, Account Number, Contact Info.
 - Monthly Due Date for payments, Average Monthly Expense
 - Whether or not auto-pay is set up for that account, and if so, the date of the bank draft.
 - Date you started receiving the service and any special discounts you may be receiving and when they expire.
 - (Then you could negotiate at the end of the discount and say, “I’ve been with you for _____ number of years now...”)
- 



PASSWORDS

- website, username, and password for online accounts
- home security system
- home safe/safety deposit boxes
- home wi-fi
- pin numbers
- it can also be helpful to include a list of common security questions and answers, such as the name of your high school, the name of your first pet, the make of your first car...
Questions that are commonly used to verify access to online accounts.

Name	User ID	Password	Account Number
Mortgage/Rent			
Electric			
Water			
Gas			
TV			
Internet			
Phone			
Cell Phone			
Car Loan			
Car Lease			
Car Insurance			
Home/Tenant Ins			
Health Ins			
Life Insurance			
Credit Card			
Bank			
Stocks			
Reitirement			
wifi			
Social Media			



ESTATE ORGANIZER

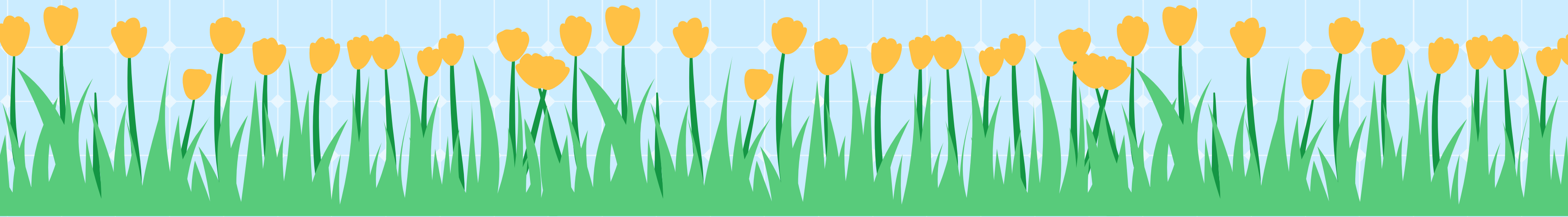
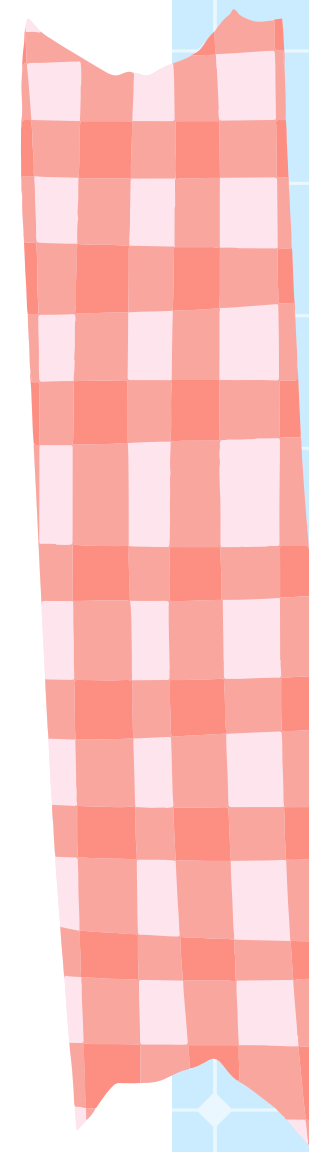
- information on wills/trusts/estates you may manage.
- instructions for accessing wills, advanced healthcare directives, and power of attorney documents.
- funeral arrangements, burial or cremation, obituary, etc. You can also designate family members and friends that you would like to perform special duties at your funeral.
- you may choose to leave sealed notes for family members (like a final good-bye), photos to be used for a funeral or obituary, and notes for how you would like family and friends to be notified.




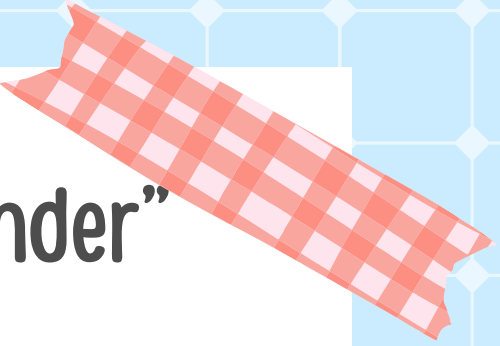


OTHER IDEAS

- taxes
- birthdays – dates, what you bought, etc.
- meal planning
- health, food, exercise
- cleaning – weekly, monthly
- gardening
- purse/wallet catalog – in case stolen



BUILDING A BINDER

- 
- 
- The supplies that you need will depend on what type of “binder” system that you choose to create.
 - Could also be done electronically, if preferred.



What do you need?

- a 2" or 3" ring binder – sturdy – needs space to hold policies, receipts, etc.
- dividers – label and organize sections
- page protectors
- zippered pockets – receipts, safety deposit box keys, USB drives, etc
- business card sleeves – professional service cards, social security cards, gift cards, etc.





REMEMBER...

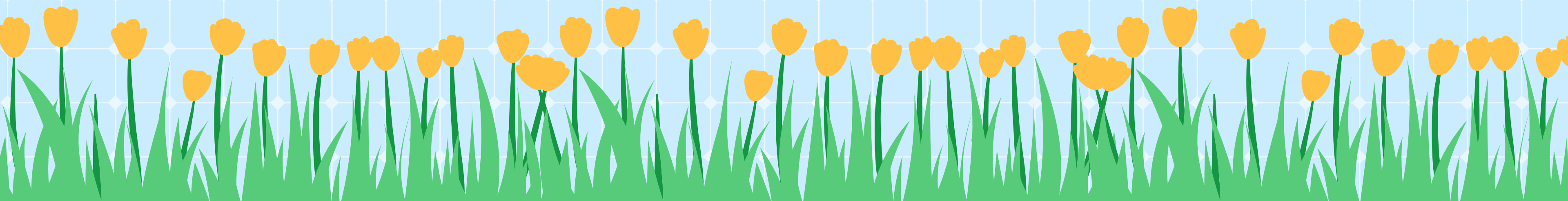
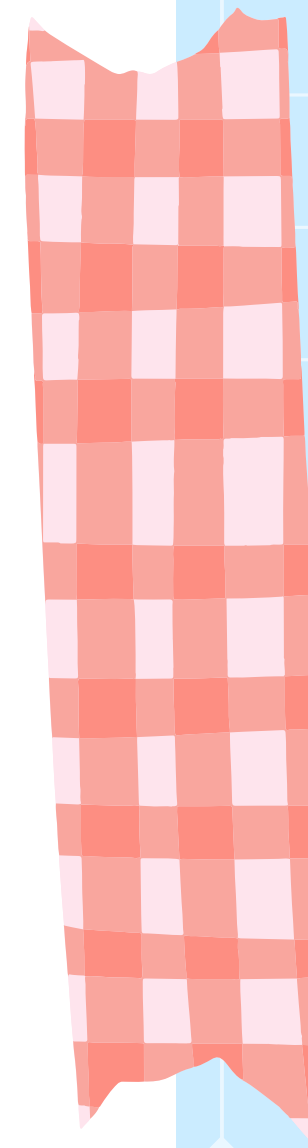
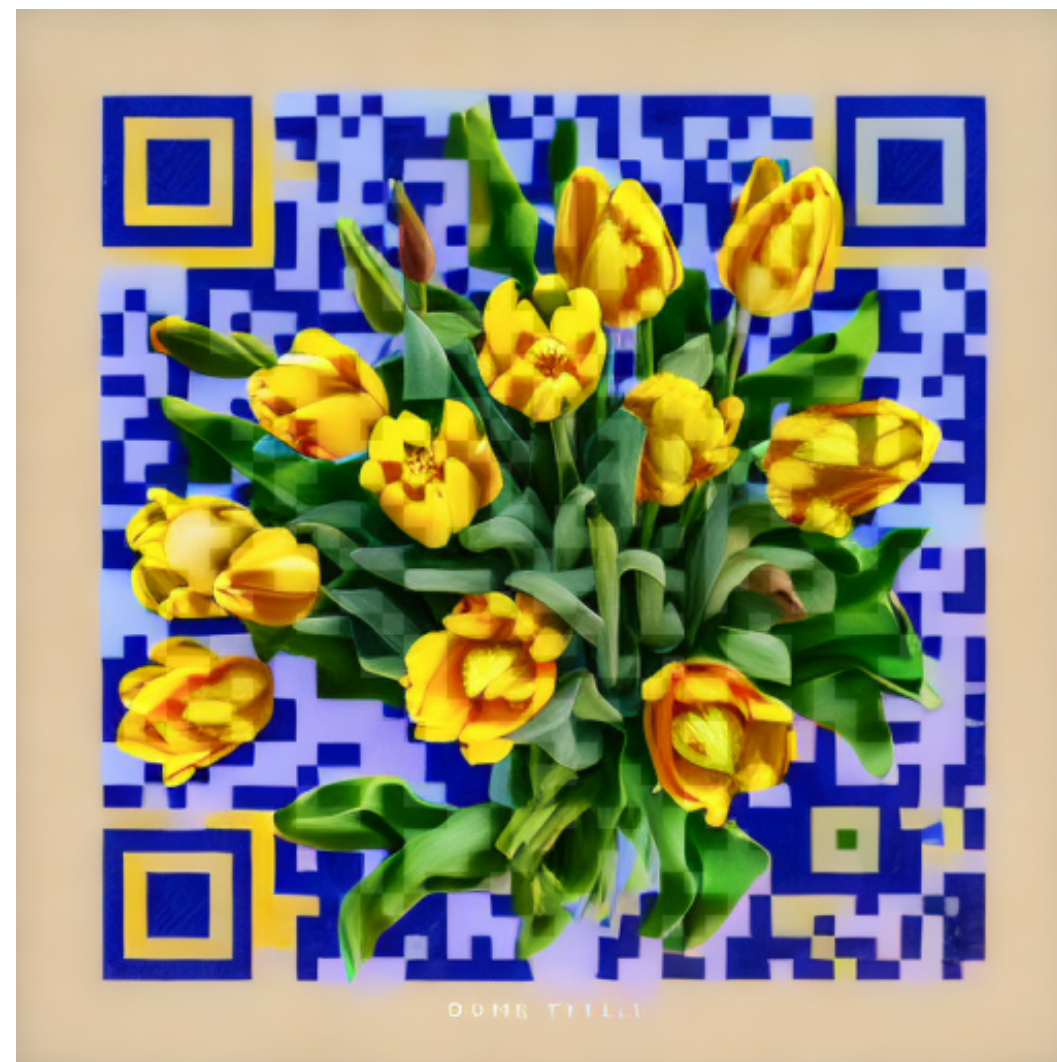
- your finished Emergency Binder will include a TON of personal and sensitive information, so it's important to store it in a safe place.
- if there is too much it becomes a mess. If not enough info, it's not that useful. You have to find a happy medium.
- lots of work up front, but it will pay off in the long run.

AND...we have resources for you...



SCAN

Use your camera on your phone. Do not take a picture. Just focus on the code and a link will pop up.





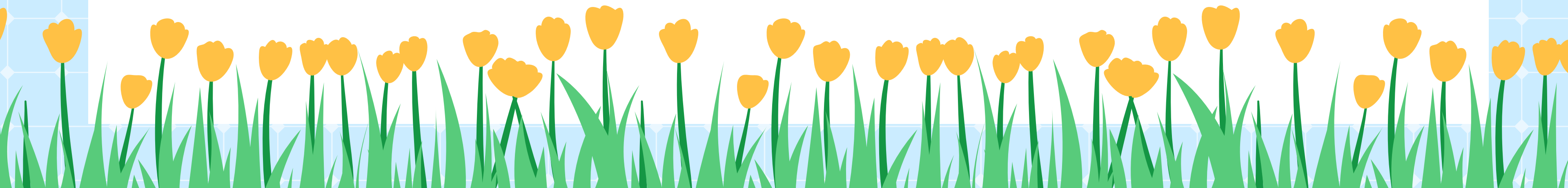
HOPE BINDERS

1 Peter 3:15



1 PETER 3:15

But in your hearts, revere Christ as Lord. Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. but do this with gentleness and respect...



PETER'S 3 P'S



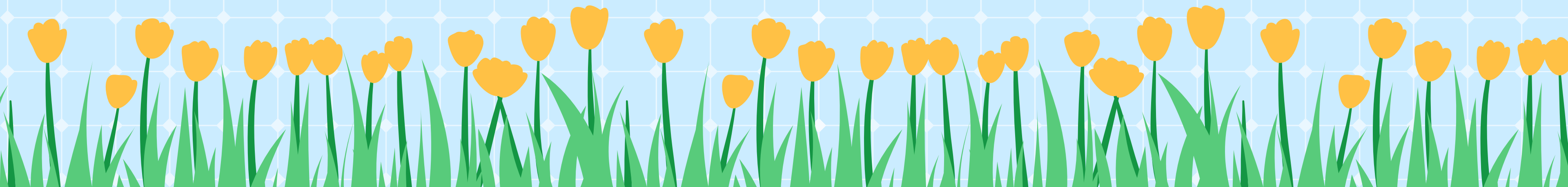
PRIORITIZE



PREPARE



PRESENT



PRIORITIZE

“But in your hearts revere Christ as Lord.”

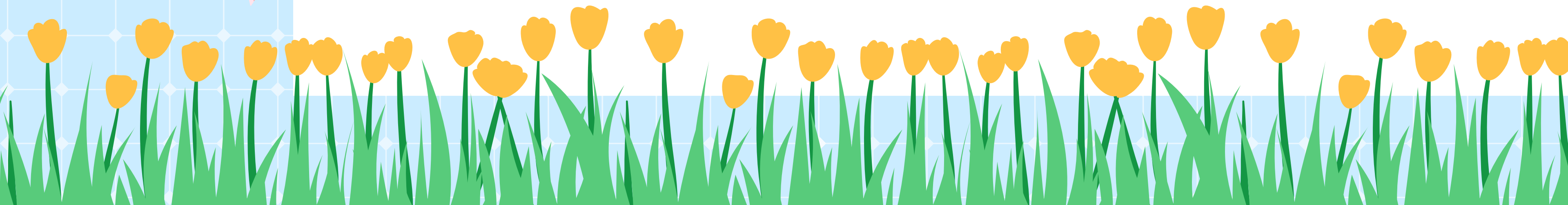
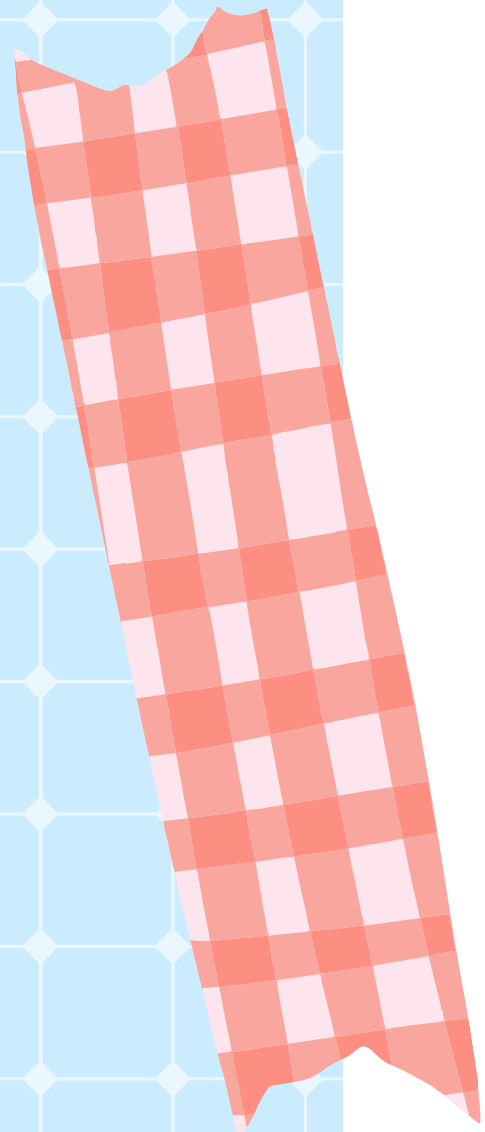
- Where is my energy and attention going?
- What is first in my heart?
- Do my thoughts and words support that?

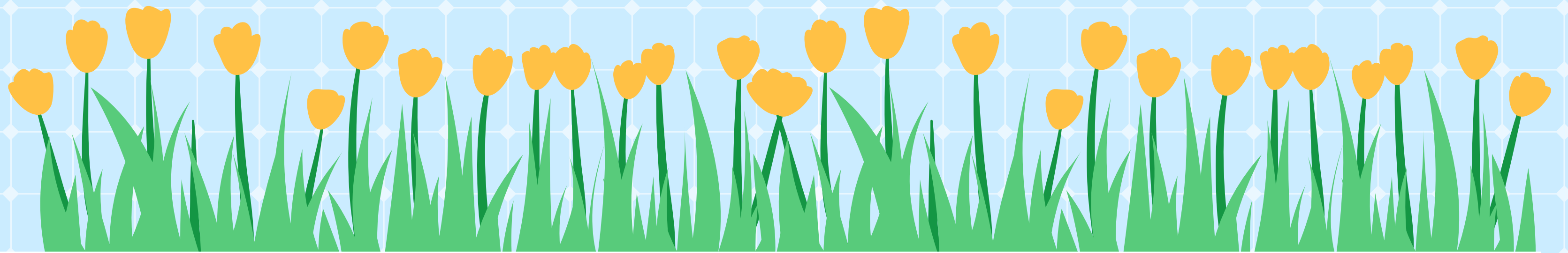


PREPARE

“Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have.”

What should go into a proverbial Hope Binder?





PRESENT

Our Hope Binders are a resource meant to be shared with “everyone who asks you to give the reason for the hope that you have.” Don’t leave your Hope Binder on a shelf gathering dust! But when you bring it out, be sure to do it “with gentleness and respect”

START TODAY!

Peter's words are based on his lived experience.
Opportunities arise when we least expect it!



Lent is a season of HOPE – the perfect opportunity to sit down and think about what you would put in your Hope Binder.



UPCOMING EVENTS



Good Friday: March 29th 7pm
Easter Services: 9, 10:30 & noon

Other Ways to Get Connected:

Small Groups - [Browncroft.org/groups](https://www.browncroft.org/groups)
Upcoming Events - [Browncroft.org/events](https://www.browncroft.org/events)

Next Browncroft Women's Event -
Saturday April 27th 9-11:30am
"Hope" with Ashley Cross



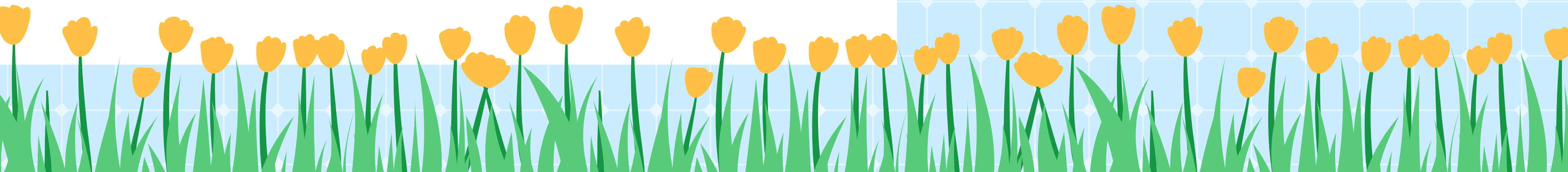
The Pause

Thank you for coming!

Our April Meeting is on the 3rd Monday,

April 15th

Be sure to RSVP and invite a friend!



THANK YOU

