



# Project Care

## Pre-Deployment / Pre-TDY Checklist

Name (Last, First): \_\_\_\_\_ Squadron: \_\_\_\_\_

### 1. Finance

Yes	No	N/A	Task / Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Bills (recurring and non-recurring)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Checking / Bank Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Investments / Other income sources
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Safety Deposit Boxes

### 2. Legal

Yes	No	N/A	Task / Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Power of Attorney (as needed)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Wills and Living Wills <b>Important!</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Spouse's SSN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Guardianship for Children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Insurance Policies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Deeds / Leases / Real Estate Documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. Marriage or Divorce Papers / Birth Certificates / Adoption
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. School Records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I. Naturalization Documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	J. Vehicle Titles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K. Taxes

### 3. Personnel Issues

Yes	No	N/A	Task / Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. TDY Orders / PCS Orders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. vRed (Emergency data) <b>Important!</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. ID card expirations and DEERS enrollment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. SGLI <b>Important!</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E. Passport / Visa Documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F. Family Care Plan (as applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. NEO / Safe Haven information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	H. Personal affairs (Funeral / burial instructions)

### 4. Household

Yes	No	N/A	Task / Action
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A. Vehicle registration / Inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B. Crime Prevention Measures / Force Protection Information
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C. Maintenance / Utilities / Who to contact for problems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D. Disaster / Evacuation Plan and Kit (Water, food, clothing, etc.)

### 5. Communication

Yes	No	N/A	Task / Action
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- |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Local emergency contacts (Fire, Red Cross, Police)   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Schools / Teachers   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Key contacts (Chaplain, FSC, Referral Agencies)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Pertinent web address listings, such as<br><a href="http://www.afcrossroads.com">www.afcrossroads.com</a> , <a href="http://www.militaryonesource.com">www.militaryonesource.com</a> ,<br>Tricare, Red Cross, etc. |

## 6. Contact Information

- | Yes                      | No                       | N/A                      | Task / Action                           |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Sponsor's Squadron                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Duty Section / Unit                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. OIC / NCOIC Names                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D. Orderly Room                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | E. Commander / First Sergeant           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | F. Key Spouse                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | G. Supervisor                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | H. Security (LE Desk phone number)      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I. Sponsor's TDY Location (if released) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Phone Number (Commercial / DSN)      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Mailing Address                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Unit e-Mail address                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | J. Emergency Contacts (Relatives)       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | K. Password and PIN information         |

## 7. Combat Care Services

- | Yes                      | No                       | N/A                      | Task / Action      |
|--------------------------|--------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. POC information |

## 8. Medical

- | Yes                      | No                       | N/A                      | Task / Action  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Tricare enrollment / claim process                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | B. Location of facilities / providers / Clinic contact numbers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | C. Medical / Dental / Shot Records                             |

## 9. Pet Care

- | Yes                      | No                       | N/A                      | Task / Action             |
|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A. Veterinary Information |