

Police Wife
Resource
Binder

How to use this binder:

Hi!

Thank you so much for trusting me to bring you resources for your police wife life.

Here are a few helpful tips for using this binder:

-I HIGHLY recommend printing the entire document and placing it in a 3-ring binder for safe keeping. Once filled out, you can quickly grab it, if need be. But feel free to save as a document on your computer, as well.

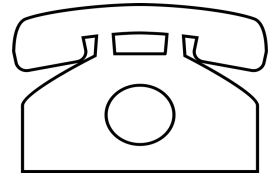
-Section dividers are provided at the end of this document to easily organize Home, Career, Police Wife Life and Personal documents. Where you choose to place each printable (either in home, career, police wife life or personal) is totally up to you as some do overlap.

-Some printables you may want to print again and again, like the family schedule or meal planning printable and may not always stay in the binder. In our home, we have them placed in our kitchen on a cork board. Or I suggest placing some printables in plastic sleeves and using a dry erase marker so information can be easily updated.

-As you may notice, some of the printables included are not on ideal topics. But my hope is that you and your officer will have those difficult, but highly necessary discussions so that you can both be on the same page and are never left with uncertainty.

I truly hope this binder brings you organization & more balance as you navigate this lifestyle. If you should ever have any questions, please email me: info@proudpolicewife.com.

Emergency Information



Emergency Numbers:

Doctor: _____

Daycare: _____

Hospital: _____

School: _____

Head of household: _____

Emergency Contact 1: _____

Emergency Contact 2: _____

Emergency Information:

Parent's Names: _____

Children's Names: _____

School: _____

Daycare: _____

Allergies: _____

Emergency Kit:

Food & Water

Medication(s)

Chargers & Batteries

First Aid Kit

Lighter/Matches

Radio

Flash lights

Swiss Army Knife

Blanket(s)

Trusted friends & neighbors



Neighbors

Name: _____

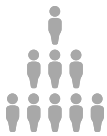
Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____



Friends

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

Medical Info



Medical Conditions:

Name:	Condition:

Prescriptions:

Name:	RX Name:	RX #:	Dosage:	Frequency:

Allergies:

Name:	Allergy:

 Organ Donors: yes or no?

Essential Paperwork



Where are the following pieces of paperwork located?:

Social Security cards: _____

Birth certificates: _____

Marriage license: _____

Will(s): _____

Passport(s): _____

Car insurance info: _____

Homeowners/ Rental insurance
info: _____

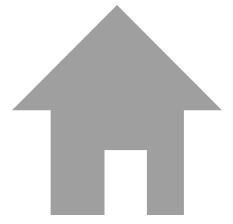
Life insurance info: _____

Power of Attorney: _____

Tax Returns: _____

_____:

Real Estate Files



Home address:

Do I own my home or rent?

Own

Rent

↓
Name(s) on
title: _____

↪ My landlord is: _____

Phone number: _____

Lender: _____

Phone number: _____

Homeowner's/Renter's Insurance:

Company: _____

Policy #: _____

Phone number: _____

Monthly Budget



Income

Officer's monthly net income: _____

Spouse's monthly net income: _____

Other monthly income: _____

Total monthly income: _____

Expenses

Expense	Amount	Due Date
Mortgage/Rent	_____	_____
Car Payment(s)	_____	_____
Electric	_____	_____
Gas	_____	_____
Debt/Loans	_____	_____
Water	_____	_____
Phone	_____	_____
Insurance	_____	_____
Groceries+Gas	_____	_____
Other:	_____	_____

Credit Cards/ Loans



Credit Cards:

Company: _____

Account Number: _____

Balance: _____

Company: _____

Account Number: _____

Balance: _____

Company: _____

Account Number: _____

Balance: _____

Company: _____

Account Number: _____

Balance: _____

Loans:

Bank/Company: _____

Account Number: _____

Balance: _____

Bank/Company: _____

Account Number: _____

Balance: _____

Important Passwords



Website	URL	Password

Employment Benefits + insurance



Employer: _____

Address: _____

Phone Number: _____

Benefits through my employer:

Health insurance:

Policy #:

Dental:

Policy #:

Vision:

Policy #:

Disability:

Policy #:

Life:

Policy #:

Line of Duty Death:

(*through employer, FOP, Union, etc.)

Work Contacts



In case of emergency, the following people may be notified at my officer's place of employment:

1 Name: _____

Address: _____

Cell phone: _____

Work phone: _____

2 Name: _____

Address: _____

Cell phone: _____

Work phone: _____

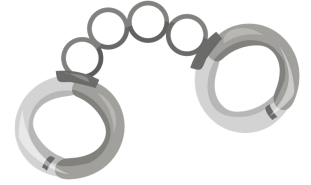
3 Name: _____

Address: _____

Cell phone: _____

Work phone: _____

Law enforcement agency sheet



Officer's Information:

Full Name: _____

Social Security Number: _____

Department: _____

Current Rank: _____

Badge Number: _____

Department Information:

Representative at department to contact in case of emergency
(name & number):

Agency Chaplain: _____

Human Resources : _____

Union Information : _____

Close friend at department
(name & number):

Close friend at department
(name & number):

Living Will



It is important that you execute a living will for you and your family members and be clear of all legalities for your state of residence.

- I have a living will.
- I do not have a living will.

An original copy of my living will can be located at:

My living will has been last updated on:

Line of Duty Death Requests



It is imperative that these arrangements are thought of so a burden is not left for those you love.

Funeral Home of Choice: _____

Location: _____

Phone number: _____

Service to be held at: _____

Religious affiliation or not: _____

Law enforcement funeral: YES or NO

Buried in uniform: YES or NO

Cremation:

yes

no

Cemetery:

I have purchased a lot.

I have not purchased a lot.

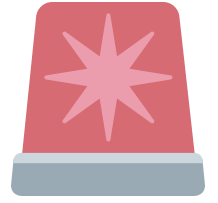
What are your wishes
for your ashes, if
cremated?

Pall Bearers:

Lot information:

Special requests:

Police Wife Back-Up Plan



Who is my tribe when I need help or support?

Friend that will give me encouragement:

A fellow police wife:

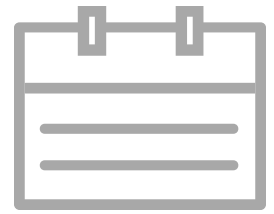
A babysitter or someone I trust with my kids:

Handy friend or neighbor:

A close family member or nearby friend for emergencies:

Someone I can call if I can't get ahold of my spouse:

Family Schedule

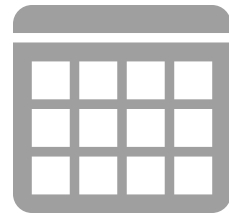


Month: _____

Sun Mon Tue Wed Thu Fri Sat

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Important dates to remember



Birthdays, Anniversaries & More!

January

February

March

April

May

June

July

August

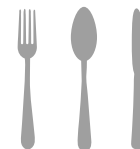
September

October

November

December

Snack Suggestions



for your officer

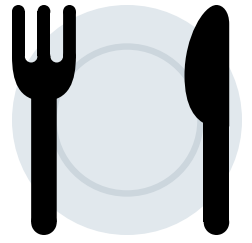
Dry Snacks/ No Refrigeration

- Dried Fruits
- Nuts/Trail Mix
- Bread/Muffins
- Veggies
- Popcorn/ Pretzels
- Jerky
- Protein Bars
- Easy fruit like bananas & apples
- Crackers
-
-
-
-
-
-
-
-
-
-
-
-

Wet Snacks/ Requires Refrigeration

- Hard boiled eggs
- Cheese sticks
- Berries
- Yogurt & granola
- Hummus
- Ham/Turkey & cheese roll ups
-
-
-
-
-
-
-
-
-
-
-
-
-
-

Meal Planning



Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Snacks

Night Shift

Activity Tracker



What I LOVE doing:



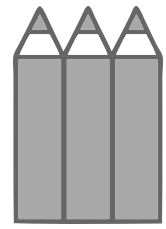
This week I am going to:



In the future I want to:



Law enforcement kids *resource guide*



Things to do:

Books to read:

Favorite resources:

Daily duties for the police officer



Things to do:

_____ _____

_____ _____

_____ _____

Phone calls:

_____ _____

_____ _____

Errands:

_____ _____

_____ _____

Daily duties for the police wife



Things to do:

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

Phone calls:

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

Errands:

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

Bible Verses



I love

Blank writing area with four horizontal lines for text entry.

Blank writing area with four horizontal lines for text entry.

Blank writing area with four horizontal lines for text entry.

Blank writing area with four horizontal lines for text entry.

Blank writing area with four horizontal lines for text entry.

Blank writing area with four horizontal lines for text entry.

Books to *Read*



Book:	Author:



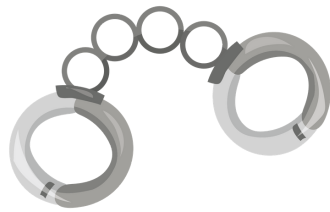
Household

Information

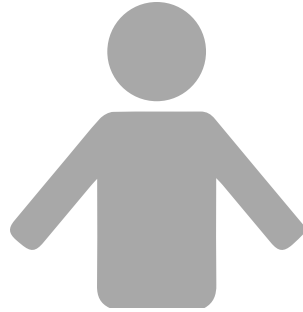


Career

Documents



Police Wife *Life*



Personal

Documents