

# What Your Spouse Should Know if *Something* Happens to You

## SPECIAL NEEDS Continued

### Favorite Treats & Food

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Activities

_____
_____
_____

### Friends

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_