# FROM OVERWHELM to ORDER

## THE ULTIMATE HOMEMAKER BINDER

BY RACHEL NORMAN

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# Pantry Staples

## Dairy/Refrigerated

## Canned/Dry Goods

## Produce/Meat

## Frozen

## Household

## Personal

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# Weekly Meal Plan

| | Breakfast | Lunch | Dinner |
|---|---|---|---|
| SAT | | | |
| FRI | | | |
| THURS | | | |
| WED | | | |
| TUES | | | |
| MON | | | |
| SUN | | | |

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# Top Family Meals

## Breakfast

## Lunch

## Dinner

## Snacks

## Drinks & Desserts

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# Grocery Shopping List

## Dairy/Refrigerated

## Canned/Dry Goods

## Produce/Meat

## Frozen

## Household

## Personal

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# Freezer Inventory

| PREPARED MEALS | Date | Qty | Out |
|---|---|---|---|
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| MEAT & SEAFOOD | Date | Qty | Out |
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| FRUITS & VEGGIES | Date | Qty | Out |
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| OTHER | Date | Qty | Out |
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# Troubleshooting: Problems in the Kitchen

Current reasons cooking is stressful:

Where am I failing in the cooking/planning realm?

What is working for me in the kitchen?

Brainstorm ideas to make planning, prepping, and cooking easier.

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# Budget Worksheet

Month/Year | Income | Expenses | Savings | Gaal

| EXPENSES | EXPECTED | ACTUAL | DIFFERENCE |
|---|---|---|---|
| **INCOME** | | | |
| Income Source: | | | |
| Income Source: | | | |
| **HOUSING** | | | |
| Mortgage/Rent | | | |
| Electric & Gas Utilities | | | |
| Internet & Cable | | | |
| Water, Trash, Sewer | | | |
| **MONTHLY LIVING EXPENSES** | | | |
| Groceries & Dining Out | | | |
| Gas | | | |
| Cell & Home Phone | | | |
| Clothing, Beauty, Household | | | |
| Entertainment | | | |
| Childcare | | | |
| Spending Cash | | | |
| **LONG TERM EXPENSES & INVESTMENTS** | | | |
| Auto Insurance | | | |
| Health Insurance | | | |
| Life Insurance | | | |
| Car Payment or Budget | | | |
| House Repairs Budget | | | |
| Travel Vacation Budget | | | |
| Gifts Budget | | | |
| Savings | | | |
| Retirement | | | |
| College | | | |
| **MONTH SUMMARY** | | | |
| Total Income | | | |
| Total Expenses | | | |
| Difference | | | |

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# Monthly Bills

| BILLS | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEPT | OCT | NOV | DEC | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | $ |
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| **TOTAL PAID** | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |

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# Financial Goals

## GOAL #1

My Why

Total Cost?

Date to Complete:

## GOAL #2

My Why

Total Cost?

Date to Complete:

## GOAL #3

My Why

Total Cost?

Date to Complete:

## GOAL #4

My Why

Total Cost?

Date to Complete:

## GOAL #5

My Why

Total Cost?

Date to Complete:

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# Debt Payoff

| Name | Account # | Amount Owed |
|---|---|---|
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# Evening Routine

## FINISH YOUR DAY WELL

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# Morning Routine

START YOUR DAY OFF RIGHT

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# Family Priorities

Relationship Priorities:

Financial Priorities:

Spiritual Priorities:

Service Priorities:

Future Looking Priorities:

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# House Walk: Room Troubleshooting

**ROOM NAME:** _____

Problems:

Buy, Replace, or Donate:

Project List::

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# House Walk: Solutions & Projects

Things to Buy or Find:

Areas to Change:

Items to Move/Remove:

Project List:

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# Password & Login Information

Website: _____ Username: _____
Password: _____

Website: _____ Username: _____
Password: _____

Website: _____ Username: _____
Password: _____

Website: _____ Username: _____
Password: _____

Website: _____ Username: _____
Password: _____

Website: _____ Username: _____
Password: _____

Website: _____ Username: _____
Password: _____

Website: _____ Username: _____
Password: _____

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# Insurance Information

## _____ INSURANCE

Provider: _____

Phone #: _____ Website: _____

Policy #: _____ Username: _____

Group #: _____ Password: _____

## _____ INSURANCE

Provider: _____

Phone #: _____ Website: _____

Policy #: _____ Username: _____

Group #: _____ Password: _____

## _____ INSURANCE

Provider: _____

Phone #: _____ Website: _____

Policy #: _____ Username: _____

Group #: _____ Password: _____

## _____ INSURANCE

Provider: _____

Phone #: _____ Website: _____

Policy #: _____ Username: _____

Group #: Password: _____

## _____ INSURANCE

Provider: _____

Phone #: _____ Website: _____

Policy #: _____ Username: _____

Group #: _____ Password: _____

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# Account Information

Business: _____
Website: _____
Account #: _____
Email: _____
Username: _____
Password: _____

Business: _____
Website: _____
Account #: _____
Email: _____
Username: _____
Password: _____

Business: _____
Website: _____
Account #: _____
Email: _____
Username: _____
Password: _____

Business: _____
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Business: _____
Website: _____
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Username: _____
Password: _____

Business: _____
Website: _____
Account #: _____
Email: _____
Username: _____
Password: _____

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# Birthdays & Anniversaries

## JANUARY

## FEBRUARY

## MARCH

## APRIL

## MAY

## JUNE

## JULY

## AUGUST

## SEPTEMBER

## OCTOBER

## NOVEMBER

## DECEMBER

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# Holiday Gift Tracker

| RECIPIENTS | GIFT | WHERE TO PURCHASE | BUDGET | ACTUAL | WRAPPED | MAILED |
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**TOTALS** _____ _____

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# Goal Setting

## FAMILY

## HOME

## WORK

## LIFE

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# Let It Go Inventory

## Activities That Drain Life

## Plan of Action to Withdraw

## Commitments and Responsibilities

## Prioritize Current Commitments and Withdraw from Others

## Household Tasks and Chores That Don't Work

## Plan of Action to Organize, Hire Out or Delegate

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# Relationship Inventory

Relationships that are thriving

Why I think they are thriving

Relationships that are struggling

Why I think they are struggling

## MY RELATIONSHIP GOALS

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# Babysitting Checklist

**WE WILL BE AT:**

**PHONE NUMBER:**

**WE SHOULD BE HOME AROUND:**

**PARENT:**

**NEIGHBOR:**

**PARENT:**

**OTHER:**

**IN CASE OF AN EMERGENCY:**

**REMINDER:**

**REMINDER:**

**REMINDER:**

**REMINDER:**

**REMINDER:**

**REMINDER:**



**HOUSE RULES:**

**CHILD'S NAME:** _____

**AGE:** _____

**ALLERGIES:** _____

**MEDICATIONS:** _____

**CHILD'S NAME:** _____

**AGE:** _____

**ALLERGIES:** _____

**MEDICATIONS:** _____

**CHILD'S NAME:** _____

**AGE:** _____

**ALLERGIES:** _____

**MEDICATIONS:** _____

**CHILD'S NAME:** _____

**AGE:** _____

**ALLERGIES:** _____

**MEDICATIONS:** _____

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# Emergency Contact Information

**NAME:** _____
**CELL#:** _____
**WORK#:** _____
**HOME#:** _____
**EMAIL:** _____
**OTHER:** _____
_____

**NAME:** _____
**CELL#:** _____
**WORK#:** _____
**HOME#:** _____
**EMAIL:** _____
**OTHER:** _____
_____

For Emergencies: _____

Police Department: _____

Animal Control: _____

Fire Department: _____

Poison Control: _____

Hospital: _____

Emergency Room: _____

Ambulence: _____

Family Doctor: _____

_____

Pediatrician: _____

_____

Dentist: _____

_____

Pharmacy: _____

_____

Emergency Vet: _____

_____

Veterinarian: _____

_____

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# Monthly Cleaning Plan

**MONTH OF:** JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

daily

weekly

monthly

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# The Chore Plan

**CHORES FOR:** _____

Week of: _____ through _____

| | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| 1 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Week of: _____ through _____

| | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| 1 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**NOTES + REMINDERS**

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# Daily To-Do Lists

## URGENT

## IMPORTANT

## LONG-TERM

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# Self-Care Improvements I Need to Make

Do I take care of myself now like I used to?

What changed?

What do I miss about myself?

What would I like to start doing for me?

Is there anything I need to buy or find to make that happen?

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# Creating a Recharge Plan

How do i like to recharge and relax?

Am I currently finding time for this?

Why or why not?

How much time do I need to feel like myself?

**PER DAY:**

**PER WEEK:**

**PER MONTH:**

Who are the people in my life that can help me find this time? (husband, family, in-laws, friends, babysitter, daycare, etc.)

What are some self-care goals I have for the next few months?

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