

PLEASE PRINT OUT THIS PAGE AND FILL IN THE FOLLOWING INFORMATION.

PLACE IN ENVELOPE AND MAIL TO:

Beaver County Emergency Services

351 14th Street

Ambridge, PA 15003-2262



Access and Functional Needs Card

2026

BEAVER COUNTY

If you or other members of your family would require special assistance in the event of an emergency evacuation, please complete this card and return it to the Beaver County Emergency Management Agency.

THE TYPE OF ACCESS AND FUNCTIONAL NEEDS I REQUIRE:

- | | | |
|---|---|--|
| ☐ I am hearing impaired | ☐ I am mobility impaired. I use a: | ☐ I have T-T-Y |
| ☐ I am visually impaired | ☐ Cane | ☐ Video Phone (VP) |
| | ☐ Wheelchair | ☐ (YES) I would need transportation |
| | ☐ Need Ambulance | |

☐ Additional Information _____

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

I live in the municipality of: _____

Signature _____

The Health Insurance Portability and Accountability Act (HIPAA) provides security standard protecting the confidentiality and integrity of an individual's health information. As part of the Privacy Rule, patients can decide if they wish to authorize disclosure of their protected health information for uses other than treatment or health care.

By completing and signing this card, your signature authorizes Emergency Management officials to use the information provided to assist you in an emergency. Information provided will be kept confidential by Emergency officials.