

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 2025

BEAVER COUNTY

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

**THE TYPE OF ACCESS AND FUNCTIONAL NEEDS I REQUIRE:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> I am hearing impaired  | <input type="checkbox"/> I am mobility impaired. I use a: | <input type="checkbox"/> I have T-T-Y                      |
| <input type="checkbox"/> I am visually impaired | <input type="checkbox"/> Cane                             | <input type="checkbox"/> Video Phone (VP)                  |
|   | <input type="checkbox"/> Wheelchair                       | <input type="checkbox"/> (YES) I would need transportation |
|   | <input type="checkbox"/> 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.