

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



Special Needs Card

2017

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 SPECIAL NEEDS I REQUIRE:

- I am hearing impaired I have T-T-Y
 I am mobility impaired (YES) I would need transportation
 I am visually impaired
 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 signing the "special needs card," your signature authorizes Emergency Management officials to use the information provided to assist you if an evacuation is ever required. Information provided will be kept confidential by Emergency officials.