PLEASE PRINT OUT THIS PAGE AND FILL IN THE FOLLOWING INFORMATION. PLACE IN ENVELOPE AND MAIL TO:

## Hancock County Office of Emergency Management PO Box 884 New Cumberland, WV 26047-0884



## Access/Functional Information Card 2024

	your family would require additional assistance in the cuation, please complete this card and return it to the mergency Management.
THE TYPE OF ACCESS/FUNCT	IONAL NEEDS I REQUIRE
I am hearing impaired	I am mobility impaired
I am visually impaired	(YES) I would need transportation
Medical problems	
Name	
Address	
City, State, Zip	
Home Phone	Cell Phone
CHECK THE FIRE DEPARTMEN  Lawrenceville	T SERVICING YOUR RESIDENCE.  Newell
Chester	New Cumberland
Oakland  New Manchester	Weirton
<b>—</b>	
Signature:	
If you or other members of your far evacuation, please complete this of	mily would require additional assistance in the event of an emergency card and return it to the Hancock County Office of Emergency ill remain confidential. Even if you have sent in this card before,
If you or other members of your far evacuation, please complete this of Management. This information wi you should send it in again.  The Health Insurance Portability ar the confidentiality and integrity of	mily would require additional assistance in the event of an emergency card and return it to the Hancock County Office of Emergency