

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

2020

HANCOCK COUNTY

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

### THE TYPE OF ACCESS/FUNCTIONAL NEEDS I REQUIRE

- |   |  |
|---|--|
| <input type="checkbox"/> I am hearing impaired  | <input type="checkbox"/> I am mobility impaired            |
| <input type="checkbox"/> I am visually impaired | <input type="checkbox"/> (YES) I would need transportation |

Medical problems \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Directions to my home \_\_\_\_\_

### CHECK THE FIRE DEPARTMENT SERVICING YOUR RESIDENCE.

- |   |   |
|---|---|
| <input type="checkbox"/> Lawrenceville  | <input type="checkbox"/> Newell         |
| <input type="checkbox"/> Chester        | <input type="checkbox"/> New Cumberland |
| <input type="checkbox"/> Oakland        | <input type="checkbox"/> Weirton        |
| <input type="checkbox"/> New Manchester |   |

Signature: \_\_\_\_\_

If you or other members of your family would require additional assistance in the event of an emergency evacuation, please complete this card and return it to the Hancock County Office of Emergency Management. **This information will remain confidential. Even if you have sent in this card before, you should send it in again.**

The Health Insurance Portability and Accountability Act (HIPAA) provides security standards 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 "Access/Functional 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.