

# IMPORTANT INFORMATION ABOUT ME

## PERSONAL INFORMATION

Full Name \_\_\_\_\_

Insurance Provider \_\_\_\_\_

I have a POLST Yes  No

## HOW I COMMUNICATE



Primary Language \_\_\_\_\_ Non Speaking

My way of communicating \_\_\_\_\_

Best way to communicate with me \_\_\_\_\_

Best way to assist me \_\_\_\_\_

Turn over for access and functional needs list

I am part of SMART911 Yes  No

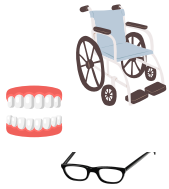
## HEALTH AND MEDICAL INFORMATION

My Medical Conditions \_\_\_\_\_



My Medications and Dosages \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____



Important Things I use \_\_\_\_\_

_____	_____
_____	_____

How I Eat (Food and Texture) \_\_\_\_\_

  Blind or Low Vision  Turn over to see more

MY EMERGENCY KIT IS LOCATED: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Primary Number \_\_\_\_\_

Secondary Number \_\_\_\_\_

Primary Number \_\_\_\_\_

Secondary Number \_\_\_\_\_

Primary Number \_\_\_\_\_

Secondary Number \_\_\_\_\_

# Access and Functional Needs List

### Communication Access Card


**My Name is** \_\_\_\_\_


I am:  Deaf  
 Hard of Hearing  
 Deaf-Blind


#### Quick Communication Tips

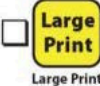
- Get my attention first before you start speaking.
- Speak normally. Do not yell, exaggerate, or over pronounce.
- Look directly at me when you're speaking.
- Do not place anything in your mouth when speaking.
- Be courteous to me during conversation.
- Use open-ended questions that must be answered by more than 'yes' or 'no'.
- Use the words 'I' and 'you' (Refer me in the first person).
- Regularly check to ensure communication is effective.


**The best way to communicate with me is:**  
(check all that apply to you)


  
Interpreter

  
Texting

  
Writing

  
Large Print

  
Lip Reading

  
Assistive Listening

**Disability and Communication Access Board**  
[health.hawaii.gov/dcab/](http://health.hawaii.gov/dcab/)  
 E-Mail: [dcab@doh.hawaii.gov](mailto:dcab@doh.hawaii.gov)  
<http://health.hawaii.gov/dcab/files/2016/03/How-to-obtain-a-sign-language-interpreter.pdf>  
 (808) 586-8121 (Voice) & (808) 586-8162 (TTY)

*Disclaimer: This is not a state identification card. Individuals with this card self-disclose their status. DCAB is not responsible for providing services listed on this card.*

- Assistive Devices for Daily Living
  - Adaptive kitchen utensils
  - Gripping Aids
  - Talking or large-print devices
- Communication Aids
  - Augmentative and alternative communication
  - Text-to-speech devices
  - Language interpretation: \_\_\_\_\_
  - Braille materials
  - Large print materials
  - Captioned video
  - Screen readers
- Support Services
  - Personal care attendant (direct support worker)
  - Occupational therapy
  - Physical therapy
  - Disability rights advocacy support
- Accessibility Modifications
  - Ramps
  - Widened doorways
  - Accessible bathroom
    - Grab bar
    - Roll in shower
    - Universal Changing Table
    - Shower chair

- Mobility Aids
  - Wheelchair
  - Walker
  - Cane
  - Crutches
- Financial Assistance
  - Disability benefits and support programs
- Transportation
  - Accessible vehicles (with ramps or lifts)
  - Paratransit services
  - Accessible public transportation
- Emotional and Social Support
  - Support groups
  - Counseling services
  - Peer mentors or advocates
- Service or Support Animal
  - Service Animal type: \_\_\_\_\_  
Name: \_\_\_\_\_
  - Support Animal type: \_\_\_\_\_  
Name: \_\_\_\_\_
- Other Supports:
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_

- Legal Rights and Protections
  - Supported Decision Making
  - Guardian  
Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_

- Power of Attorney:**  
 Health  Financial   
 Name: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_
- Power of Attorney:**  
 Health  Financial   
 Name: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_