

# 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

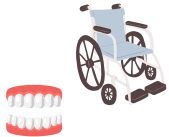
I am part of SMART911 Yes  No

## HEALTH AND MEDICAL INFORMATION



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

_____	_____
_____	_____
_____	_____
_____	_____



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

_____	_____
_____	_____

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

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

  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: \_\_\_\_\_