

PLEASE PRINT OUT THIS PAGE AND FILL IN THE FOLLOWING INFORMATION.

PLACE IN ENVELOPE AND MAIL TO:

Columbiana County Emergency Management Agency
215 South Market Street
Lisbon, OH 44432-1233



Special Needs Information Card

2026

COLUMBIANA 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 Columbiana County Emergency Management Agency.

- | | |
|----------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> I am transportation dependent | <input type="checkbox"/> I am hearing impaired |
| <input type="checkbox"/> I am visually impaired | <input type="checkbox"/> I have limited mobility/wheelchair bound |
| <input type="checkbox"/> I have special medical considerations _____ | |

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

My Local Fire Department is: _____

Signature _____ Date _____

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 completing and signing this 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.

(THIS INFORMATION MAY BE SHARED WITH THE COUNTY
EMERGENCY AGENCY AND YOUR LOCAL FIRE DEPARTMENT)