

I am living with *Disability/Illness*

Name
Date of Birth (Optional)
Address (Optional)
Emergency Contact:
Name and Phone Number
Guardian: Name and Phone Number
Doctor: Name and Phone Number

CARE Card www.goCIT.org **Turn Over**

Name **(Required)**

Disability/Illness **(Required)**

Date of Birth (Optional)

Social Security (Optional)

Address (Optional*)

Emergency Contact (Name and Phone Number) **Required**

Guardian (Name and Phone Number of Individual or Business) **Recommended**

Doctor/Case Worker/ Counselor (Name and Phone Number) **Recommended**

Any Additional Information for the Front of the Card Only **(If Applicable)**

*Three emergency/provider/other contacts can be listed with this option