

# CONSOLIDATE YOUR WHAT IF'S

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# 1

**CARD** that offers 24-hour access to crucial healthcare information.

**SAFE** place for your important documents.

**SIMPLE** way to have peace of mind.



**DocuBank**<sup>®</sup>  
Instant Access to Vital Documents



**DocuBank SNAP**



# DocuBank SNAP

## Empower with protection

Adults with disabilities can experience more freedom by carrying the DocuBank SNAP card. It provides immediate access to extensive healthcare information for emergency medical personnel to help create the right balance of independence and protection. Caregivers and guardians are alerted immediately in an emergency. First responders have all the up-to-date information they need to handle the situation efficiently and appropriately.

### SNAP EMERGENCY ACCESS CARD DISPLAYS CRITICAL INFORMATION:

- Medical Conditions
- Allergies
- Emergency Contact Name & Phone Number
- Physician Name & Phone Number
- Name & Phone Number of Attorney or Other Professional

### THE SNAP CARD GIVES MEDICAL PROFESSIONALS ACCESS TO:

- Medication List
- Letter of Intent (outlining your goals for the care of the adult with special needs)
- SNAP Emergency Information Form (listing specialists, contacts, and more)
- Guardianship Document
- Health Care Power of Attorney
- And more!

“ Brian got confused and lost his way, but when the police saw his DocuBank card, we were notified and he was brought home safely. ”

– Kate Jones, PA

### TWO CARDS OFFER DUAL PROTECTION IN ANY SITUATION

The special needs adult should always carry one card, which can be used by medical professionals and concerned authorities. The additional card can be carried by the primary caregiver and passed along to temporary caregivers when the SNAP member is in their care. Having ready access to these documents also helps ensure that the right people make decisions. This information can make a huge difference, both at the hospital and in other care settings.



AS SOON AS THE CARD IS USED, YOU ARE SENT AN E-ALERT.



ENROLL Today. Simply fill out the enrollment form on the back of this brochure.

1-866-DOCUBANK • [joindocubank@docubank.com](mailto:joindocubank@docubank.com) • [DOCUBANK.COM](http://DOCUBANK.COM)



# DOCUBANK FAMILY SERVICES

The card that keeps  
them covered.

The SAFE that keeps  
you sane.



## On the Clock for Your Family 24/7

The truth is, you can't always be there in an emergency. With DocuBank Family Services, you don't have to be. We offer you appropriate and immediate access to medical and other critical information needed to properly care for your family and those you love. In addition, you will be sent an e-alert when the card is used.  DocuBank keeps you in the loop, wherever you are.

### EVERY DAY AND EVERY EMERGENCY

Each Family Service includes two Emergency Cards: one that fits in your wallet and one that you pass along to your loved one or their care provider. **These DocuBank cards are the link to their crucial information such as pre-existing conditions, allergies, medications, emergency contacts, and healthcare directives (Health Care Power of Attorney, HIPAA release and more).**

The Emergency Card can be used by hospitals to access your loved one's emergency information via fax or online.

Every new membership also includes a complimentary **online SAFE (Store All Files Electronically) to store their important legal documents, vital records**, or precious photos. With SAFE, you can share as much or as little information as you like with others.

### OUR FAMILY OF SERVICES OFFERS YOUR FAMILY THE FOLLOWING:



**For Young Children:**  
**Minors Matter**



**For College Students:**  
**ICE (In Case of Emergency)**



**For Special Needs Adults:**  
**SNAP (Special Needs Access Program)**

ENROLL Today for Portable Protection, SAFE Storage & Coordinated Care.  
Simply fill out the enrollment form on the back of this brochure.

# ENROLLMENT FORM

PROTECTING YOUR FAMILY WITH ANY OF THESE PLANS IS SIMPLE: Follow the instructions at the bottom of this page.

## SERVICE SELECTION

(Select only one)

### SNAP

SPECIAL NEEDS ADULTS

1 year \$55    5 years \$175

☐ 1 year    ☐ 5 years

PROVIDED THROUGH (Name of firm and/or professional providing this membership)

Firm Name: \_\_\_\_\_ Provider: \_\_\_\_\_

MEMBER INFORMATION (The name that will appear on the card.)

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: (MM/YY) \_\_\_\_\_ / \_\_\_\_\_

ALLERGIES:    ☐ Penicillin    ☐ Sulfa    ☐ Latex    ☐ Peanuts    ☐ \_\_\_\_\_

PERMANENT MEDICAL CONDITIONS (Do not list medications)

☐ Diabetes    ☐ \_\_\_\_\_    ☐ \_\_\_\_\_    ☐ \_\_\_\_\_

Card Note (45 char. max) \_\_\_\_\_

MAILING ADDRESS (Please provide address of member's parent/guardian)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

EMERGENCY CONTACTS (optional) If information is not available now, you can update it when you receive your card.

### 1ST CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOCTOR (Primary Care) If fax # is given, doctor may receive fax with access information

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_ Home #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### 2ND CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_ Home #: \_\_\_\_\_ Relationship: \_\_\_\_\_

### 3RD CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

ADDITIONAL DOCUMENTS STORED (Notation will appear on member's card)

☐ Medication List

**MEMBER STATEMENT:** I have chosen to enroll myself, or minor child or ward, in DocuBank to help make their emergency information available promptly. To ensure prompt access, I authorize that my, or my child or ward's, document(s), emergency contact and health information stored with DocuBank be accessible to anyone who provides the member number and PIN on the DocuBank member card. All advance directives have been completed of my own free will and I will notify DocuBank promptly of changes in any of the stored information, and also of the revocation or replacement of any document(s). I understand that: DocuBank is not responsible for the validity or accuracy of any information stored by DocuBank, including the health information that also appears on the member card; by accepting a card I have verified and confirmed the accuracy of all information on the card before carrying or distributing it; I am granting DocuBank permission to alert my contacts as indicated on this form; if I provide an email address for the emergency contact(s), I am granting DocuBank permission to contact these persons and provide them with member information. I understand that my DocuBank membership includes the optional use of the DocuBank SAFE, which provides online access to my personal documents. I understand that DocuBank does not provide legal advice; and that I may cancel this service in writing at any time by written request to DocuBank.

### OPTIONAL SAFE UPLOAD

☐ I authorize my DocuBank Provider (above) to upload my estate planning and other documents to my DocuBank SAFE.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(Adult enrollee or parent/legal guardian)

**TO ENROLL:** Send this completed form, your payment and the relevant emergency documents as described for each service

(e.g. HIPAA Release, Health Care Power of Attorney and more). You can also include an additional Emergency Information Form and Medication List, which are available at [docubank.com/forms](http://docubank.com/forms).

### MAIL TO:

DocuBank  
P.O. Box 325  
Narberth PA 19072

### EMAIL TO:

[joindocubank@docubank.com](mailto:joindocubank@docubank.com)

### FAX TO:

610-667-1483

### QUESTIONS?

CALL 1-866-DUCUBANK or go  
to [DOCUBANK.COM](http://DOCUBANK.COM)