

CARRY CONFIDENCE ON THE ROAD

Ask about the “blue card” today



HOLDER INFO Name: _____
Address: _____
Date of Birth: _____
Additional Information: _____

EMERGENCY CONTACT
This card is provided for use by law enforcement or emergency personnel to assist the cardholder in the event of an emergency.

STATE OF MARYLAND **DEVELOPMENTAL DISABILITY SELF-DISCLOSURE CARD**

I HAVE A DEVELOPMENTAL DISABILITY

I may have difficulty understanding and following your directions or may become unable to respond.
I may become physically agitated if you prompt me verbally or touch me or move too close to me.
I am not intentionally refusing to cooperate.
I may need your assistance.

PLEASE SEE THE BACK OF THIS CARD.



The Voluntary Developmental Disability Disclosure card helps communication between law enforcement and people with developmental disabilities.