

9-1-1 DISABILITY INDICATOR FORM – Individual Record

The filing of this document with your 9-1-1 Municipal Coordinator will alert public safety officials that an individual residing at your address communicates over the phone by a TTY and/or has a disability that may hinder evacuation or transport. This information is confidential and will only appear at the dispatcher's location when a 9-1-1 call originates from your address.

Telephone Number: Area Code (_____) _____ Voice TTY

Name: _____

Address: _____

Town/City/Zip: _____

The following are approved designations for inclusion in the 9-1-1 Database to assist public safety dispatchers in responding to an emergency at your address.

Any changes should be communicated to your 9-1-1 Municipal Coordinator promptly.

- “LSS” Life Support System:** Alerts the public safety dispatcher that someone at that address is linked to equipment required to sustain their life.

- “M I” Mobility Impaired:** Alerts the public safety dispatcher that someone at that address is bedridden, uses a wheelchair or has another mobility impairment.

- “B” Blind:** Alerts the public safety dispatcher that someone at that address is legally blind.

- “D H H” Deaf and Hard of Hearing:** Alerts the public safety dispatcher that someone at that address is deaf or hard of hearing.

- “T T Y” Teletypewriter:** Alerts the public safety dispatcher that communication via the telephone with someone at that address may be by TTY.

- “S I” Speech Impaired:** Alerts the public safety dispatcher that someone at that address is speech impaired.

- “C I” Cognitive Impairment:** Alerts the public safety dispatcher that someone at that address has some degree of cognitive disability such as a developmental disability, Alzheimer's disease or other form of dementia.

- PLEASE REMOVE any designation presently displayed.**
- PLEASE CHANGE existing designators to those shown above.**

NOTICE: By initiating this document I understand that I am responsible for notifying my 9-1-1 Municipal Coordinator of any changes with regard to the status of the above disability indicator(s). I further agree I will indemnify, defend and hold the Statewide Emergency Telecommunications Board (SETB), Verizon, my public safety dispatch location and municipality harmless from and against any claims, suits and proceedings (including attorney fees associated therewith) resulting from or arising out of the initial provision or updating of this information.

*I understand this information will remain as part of my 9-1-1 record
until such time as I notify my 9-1-1 Municipal Coordinator to change or delete the same.*

Signed: _____ (customer) Date: _____

Signed: _____ (Municipal Coordinator) Date: _____