

STATE OF VERMONT 9-1-1 BOARD

Application for DISABILITY DESIGNATION(S)

Background/Instructions:

It is helpful to emergency responders to know if someone with a disability is located at the place where an emergency is reported. The information you provide will be included only in the Enhanced 9-1-1 system database for use by emergency response or Public Safety call-taking personnel. It will not be disclosed to any other governmental agency.

Please Note: Currently, wireless and voice-over-internet phone technologies cannot accommodate disability designations. Therefore, only applications from a wireline telephone number will be processed.

To designate yourself or someone at your address with a disability or physical condition, please complete this form.

1) Please check one: __ NEW APPLICATION __ CORRECTED APPLICATION

2) Please indicate by marking with an "X" the box describing the disability or physical condition designation(s) that apply to you or a member of your household. This will alert the 9-1-1 Call-taker to one or more of the following conditions:

- checkbox "LSS" Life Support System - alerts the 9-1-1 Call-taker that someone at the address is linked to equipment required to sustain his or her life.
checkbox "M I" Mobility Impaired - alerts the 9-1-1 Call-taker that someone at the address is not able to leave bed unassisted, uses a wheelchair or has another permanent mobility impairment.
checkbox "B" Blind or Visually Impaired - alerts the 9-1-1 Call-taker that someone at the address is blind or visually impaired.
checkbox "D H H" Deaf & Hard of Hearing - alerts the 9-1-1 Call-taker that someone at the address is deaf or hard of hearing.
checkbox "T T Y" Teletypewriter - alerts the 9-1-1 Call-taker that communication via the telephone with someone at the address may be by TTY.
checkbox "S I" Speech Impairment - alerts the 9-1-1 Call-taker that someone at the address has a speech impairment.
checkbox "D D" Developmental Disability - alerts the 9-1-1 Call-taker that someone at the address has some degree of cognitive disability or has autism.

I understand that I am responsible for submitting correct information on this application and for correcting it at such time in the future when it is no longer valid or correct. A verification process may take place during the period that this application is active.

3) Name of Person submitting this document _____ Please Print

Signature Date

9-1-1 Locatable Address (Street number & name, Apartment # if applicable, City/Town, State, ZIP)

Telephone Number (802)_____

PLEASE MAIL THE COMPLETED FORM TO:

**STATE OF VERMONT
ENHANCED 9-1-1 BOARD
100 STATE STREET
MONTPELIER, VT 05620-6501**

ALL INFORMATION YOU PROVIDE WILL BE KEPT PRIVATE AND CONFIDENTIAL. IT WILL ONLY BE USED IN CONNECTION WITH THE VERMONT 9-1-1 SYSTEM.

If you make any change in your telephone service involving your name, telephone number or address, you must submit a NEW properly completed "Disability Code(s)" form for this designation to be applied to your revised 9-1-1 record.

Copies of this form are available at your city or town clerk's office, or copies may be obtained by calling toll-free, 1-800-342-4911. TTY users should call the Vermont Telecommunications Relay Service (1-800-253-0191) to reach this toll-free number.

Incomplete forms will be returned to you. Your request will not be processed until a properly completed form is received.

QUESTIONS: Please call 1-800-342-4911, Monday – Friday, 8:30 AM – 4:00 PM if you have any questions regarding completion of the form. TTY users should call the Vermont Telecommunications Relay Service (1-800-253-0191) to reach this toll-free number.