

STATE OF VERMONT 911 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 911 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 911 Call-taker to one or more of the following conditions:

- "LSS" Life Support System** - alerts the 911 Call-taker that someone at the address is linked to equipment required to sustain his or her life.
- "M I" Mobility Impaired** - alerts the 911 Call-taker that someone at the address is not able to leave bed unassisted, uses a wheelchair or has another permanent mobility impairment.
- "B" Blind or Visually Impaired** - alerts the 911 Call-taker that someone at the address is blind or visually impaired.
- "D H H" Deaf & Hard of Hearing** - alerts the 911 Call-taker that someone at the address is deaf or hard of hearing.
- "T T Y" Teletypewriter** - alerts the 911 Call-taker that communication via the telephone with someone at the address may be by TTY.
- "S I" Speech Impairment** - alerts the 911 Call-taker that someone at the address has a speech impairment.
- "D D" Developmental Disability** - alerts the 911 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for submitting correct information on this application and for correcting it at such time in the future when it is no longer valid or correct.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

911 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 911 BOARD
6 BALDWIN ST – 2ND FL
MONTPELIER, VT 05633-7960**

ALL INFORMATION YOU PROVIDE WILL BE KEPT PRIVATE AND CONFIDENTIAL. IT WILL ONLY BE USED IN CONNECTION WITH THE VERMONT 911 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 911 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.