



9-1-1 DISABILITY INDICATOR FORM - Individual Record

Case # _____

The filing of this document with the Fitchburg Police Department 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 appear at the dispatcher's location and in responding Emergency Services vehicles when a 9-1-1 call is generated for **your** address.

Consumer's Name: _____ D.O.B. _____

Address: _____

Town/City/Zip: _____

Telephone Number: Area code (_____) _____ Voice TTY

Guardian's Name: _____

Address: _____

Town/City/Zip: _____

Telephone Number: Area code (_____) _____

Email Address: _____

The following are approved designations for inclusion in the 9-1-1 Database to assist public safety dispatchers and emergency service responders in reacting to an emergency at your address. **Please check all that apply.**

- Life Support System:** Alerts the public safety dispatcher and responders that someone at that address is linked to equipment required to sustain their life (excluding oxygen equipment).
- Oxygen:** Alerts the public safety dispatcher and responders that someone at that address has oxygen generating equipment or oxygen cylinders.
- Mobility Impaired:** Alerts the public safety dispatcher and responders that someone at that address is bedridden, uses a wheelchair or has another mobility impairment.

- Blind:** Alerts the public safety dispatcher and responders that someone at the address is legally blind.
- Deaf and Hard of Hearing:** Alerts the public safety dispatcher and responders that someone at that address is deaf or hard of hearing.
- Teletypewriter:** Alerts the public safety dispatcher and responders that communication via the telephone with someone at that address may be by TTY.
- Speech Impaired:** Alerts the public safety dispatcher and responders that someone at that address is speech impaired.
- Cognitive Impairment:** Alerts the public safety dispatcher and responders that someone at that address has some degree of cognitive disability such as a developmental disability, Alzheimer's disease or other form of dementia. **(see attached Alzheimer 's Alert form if applicable)**
- Autism:** Alerts the public safety dispatcher and responders that someone at that address is autistic and may not respond in typical ways to commands. **(see attached Autism Information sheet if applicable)**
- Emotional Impairment:** Alerts the public safety dispatcher and responders that someone at that address may not respond in typical ways to commands.
- PLEASE REMOVE any designation presently displayed**
- PLEASE CHANGE existing designators to those shown above.**

COMMENTS (consider sharing specific characteristics that would assist emergency service providers in caring for your one):

NOTICE: By initiating this document I understand that I am responsible for notifying the Fitchburg Police Department 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 address record until such time as I notify the Fitchburg Police Department to change or delete the same

Signed: _____ (Consumer/Guardian) Date: _____