

# State of Vermont Enhanced 9-1-1 System

## 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.

To designate yourself or someone at your address as DISABLED, 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 designation(s) that apply to you or a member of your household. This will alert the Enhanced 9-1-1 Call-taker to one or more of the following conditions:

- "LSS" Life Support System** - alerts the Enhanced 9-1-1 Call-taker that someone at the address is linked to equipment required to sustain his or her life.
- "M I" Mobility Impaired** - alerts the Enhanced 9-1-1 Call-taker that someone at the address is bedridden, uses a wheelchair or has another permanent mobility impairment.
- "B" Blind** - alerts the Enhanced 9-1-1 Call-taker that someone at the address is legally blind.
- "D H H" Deaf & Hard of Hearing** - alerts the Enhanced 9-1-1 Call-taker that someone at the address is deaf or hard of hearing.
- "T T Y" Teletypewriter** - alerts the Enhanced 9-1-1 Call-taker that communication via the telephone with someone at the address may be by TTY.
- "S I" Speech Impaired** - alerts the Enhanced 9-1-1 Call-taker that someone at the address is speech impaired.
- "D D" Developmentally Disabled** - alerts the Enhanced 9-1-1 Call-taker that someone at the address has some degree of cognitive disability.

*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for submitting correct information on this application and for correcting it at such time in the future when it is no longer valid or correct.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

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

Telephone Number (802) \_\_\_\_\_

**PLEASE MAIL THE COMPLETED FORM TO:**

**VERIZON – NEW ENGLAND  
ATTN: E-911 DATA MANAGEMENT  
1 CORPORATE DRIVE, FLOOR 2  
ANDOVER, MA 01810**

ALL INFORMATION YOU PROVIDE WILL BE KEPT PRIVATE AND CONFIDENTIAL. IT WILL ONLY BE USED IN CONNECTION WITH THE VERMONT ENHANCED 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 Enhanced 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, 1-888-324-5380, Monday – Friday, 8:00AM – 4:00PM. 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 1-888-324-5380, toll-free, Monday – Friday, 8:00AM – 4: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.