

ENHANCED 9-1-1 DISABILITY INDICATOR
(Please follow the instructions on reverse)
RHODE ISLAND RESIDENTS ONLY

- A. The filing of this document will alert Rhode Island public safety emergency services officials that you or an individual residing at your address may require special consideration in evacuation, transport and/or communication. This information is confidential and will only be provided to emergency services officials when a 9-1-1 call originates from your address.

RECORD INFORMATION:

Telephone Number: _____ TTY _____ Telephone Company: _____
(yes/no)

Name: _____

Address: _____ Bldg. Name or #: _____ Apt/Unit: _____ Flr: _____

City/Town: _____ Zip Code _____

- B. The following are approved designations for inclusion in the Enhanced 9-1-1 database to assist public safety officials in responding to an emergency at your address. Call Telephone 354-0921 or Fax 354-0944 should you have any questions. **Any changes** should be communicated to: **Rhode Island E 9-1-1 Emergency Telephone System, 1951 Smith Street, North Providence, RI 02911; Attention: Database Manager.**

"LSS" (Life Support System) alerts the public safety dispatcher that someone at that address is linked to equipment required to sustain 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.

"DHH" (Deaf & Hard of Hearing) alerts the public safety dispatcher that someone at that address is deaf or hard of hearing.

"TTY" (Teletypewriter) alerts the public safety dispatcher that communication via the telephone with someone at that address may be by TTY.

"SI" (Speech Impaired) alerts the public safety dispatcher that someone at that address is speech impaired.

"DD" (Developmentally Disabled) alerts the public safety dispatcher that someone at that address has some degree of cognitive disability.

PLEASE REMOVE any designation presently being displayed.

PLEASE CHANGE existing designators to those shown above.

- C. **NOTICE:** By initiating this document, I understand that I am responsible for notifying the Rhode Island 9-1-1 Database Manager of any changes with regard to the status of the above disability indicator(s). I further understand and agree that I will indemnify, defend and hold harmless, my telephone carrier, the Rhode Island Enhanced 9-1-1 Emergency Telephone System, the R. I. public safety dispatch location(s) and their principles and agents, from and against any claims, suits and proceedings (including attorney's 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 properly notify the Rhode Island Enhanced 9-1-1 Database Manager to change or delete same.

SIGNED: _____ DATE: _____

PLEASE RETURN FORM TO THE ABOVE ADDRESS

IMPORTANT INFORMATION AND INSTRUCTIONS

You are required to complete this form if you want your police department, fire department or other emergency agency to know about you when you call 9-1-1 in an emergency.

The R. I. Enhanced 9-1-1 System is designed to automatically display your name, address and telephone number on a screen at the 9-1-1 answering point when your call to 9-1-1 is answered.

By your request, codes will be displayed on the screen that will identify your disability(s) or the disability(s) of someone living in your home. The codes will provide information to 9-1-1 and to your local public safety agencies that will result in improved response to your physical needs.

This information is confidential and will **only** appear at the dispatcher's location when a 9-1-1 call originates from **your** address.

The information you provide for input to the system will stay there until you request it be changed or removed. It is **your responsibility** to notify the 9-1-1 Database Manager when there is a change in the information described on this form by completing another form and sending it to 9-1-1.

If this form is not completed properly, the information will not be entered into the Enhanced 9-1-1 database system.

When filling out this form, be sure to:

1. **Give your telephone number, telephone company, name, and address (exact city or town) in Rhode Island.**
2. **Check the box or boxes that apply to you or someone living in your home.**
3. **Sign and date the form.**

If you need further assistance, please call the 9-1-1 Database Manager, whose number is also listed below.

MAIL TO: STATE OF RHODE ISLAND E 9-1-1
MRS. NORMA SOUSA
9-1-1 DATABASE MANAGER
1951 SMITH STREET
NORTH PROVIDENCE, RI 02911

Telephone Number: Area Code (401) 354-0921
FAX: 354-0944

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