

9-1-1 Disability Forms

People who live in Agawam that have a disability which may hinder evacuation or transport in the event of an emergency should be registered with town emergency services in order to ensure that a 911 call will be responded to appropriately.

The process is as follows:

Print the 9-1-1 Disability Indicator Form below and complete it being sure to list the address of the individual that may require assistance. Be sure that the patient/family signs the form.

Return the form to the Agawam Fire Department using one of the following methods:

- In person to 800 Main Street, Agawam, MA

OR

- By mail: Agawam Fire Department
 C/O 911 Address Registration
 800 Main Street
 Agawam, MA 01089

OR

- By fax: 413-786-1241

If you have any questions, or need assistance completing or submitting this form, please call the Agawam Fire Department at 413-786-0657 between 8:30am and 4:30pm Monday through Friday.

9-1-1 DISABILITY INDICATOR FORM – Individual Record

The filing of this document with the Agawam Fire 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.

Telephone Number: Area code (_____) _____ Voice TTY

Name: _____

Address: _____

Town/City/Zip: _____

Email Address: _____

The following are approved designations for inclusion in the 9-1-1 Database to assist public safety dispatchers and fire department 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.
- Autism:** Alerts the public safety dispatcher and responders that someone at that address is autistic and may not respond in typical ways to commands.
- 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:

NOTICE: By initiating this document I understand that I am responsible for notifying the Agawam Fire 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 Agawam Fire Department to change or delete the same.

Signed: _____ (customer) Date: _____