

9-1-1 FUNCTIONAL NEEDS INDICATOR REQUEST FORM

(Please PRINT)

Telephone Number _____

Voice [] TTY []

Name of Requestor _____

Name & Age of Person with Functional Needs _____

Address _____

City/Zip Code _____

By submitting this completed form, I am requesting this information be entered into the database at the Springfield-Greene County 9-1-1 Emergency Communications Department. The information will be used to alert public safety responders (police, fire and EMS) that an individual residing at this 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 on the call-taker's computer screen **when this address** is used. Please check the categories that apply.

[] LSS – Life Support System: Alerts the 9-1-1 call-taker that someone at this address is linked to equipment required to sustain their life.

[] MI – Mobility Impaired: Alerts the 9-1-1 call-taker that someone at this address is bedridden, uses a wheelchair or has another mobility impairment.

[] B – Blind: Alerts the 9-1-1 call-taker that someone at this address is legally blind.

[] DHH – Deaf or Hard of Hearing: Alerts the 9-1-1 call-taker that someone at this address is deaf or hard of hearing.

[] TTY – Teletypewriter: Alerts the 9-1-1 call-taker that someone at this address uses a TTY/TDD to communicate by telephone.

[] SI – Speech Impaired: Alerts the 9-1-1 call-taker that someone at this address is speech impaired.

[] DD – Developmentally Disabled: Alerts the 9-1-1 call-taker that someone at this address has some degree of cognitive disability.

[] Other (write here): _____

I understand that I am responsible for notifying Springfield-Greene County 9-1-1 Emergency Communications Department of any changes to the above information. I can do this by sending a request to Springfield-Greene County 9-1-1 ECD, 330 West Scott St., Springfield, MO 65802, by calling 417-829-6000, sending a fax to 417-829-6100, or emailing the Executive Secretary at E911@springfieldmo.gov.

Signed _____ Date _____

Office use only below the line:

Entered Date: _____ By: _____

9-1-1 FUNCTIONAL NEEDS INDICATOR REQUEST – IMPORTANT INFORMATION AND INSTRUCTIONS

For our verification process you are asked to complete this form for us to update our records. If you want your police department, fire department, ambulance company or other emergency service agency to know about any functional needs you or your child have when you call 9-1-1 in an emergency.

Provided you dial 9-1-1 on a traditional residential phone line, your 9-1-1 call is answered and the 9-1-1 system automatically displays your address, telephone number and the name of the person on the phone bill account. *(This is not true for wireless or cellular 9-1-1 calls.)*

At your request, information can be displayed on the call-taker's screen that will identify the functional needs indicators that have been reported for you, or someone living with you, at your address. These codes will help the call-taker communicate with the caller and provide useful information to the responding public safety agencies.

The information is confidential. It will appear at the call-taker's and dispatcher's screen when a call is entered using the address you provided. This information will be given to the agencies that are responding to help. If you call for an emergency at a location other than the home address that is submitted, the information will not be seen by the call-taker.

The information you provide for input into the 9-1-1 system will need to be verified at least annually. We will either send you a notice or contact you by phone or TTY. It is your responsibility to notify Springfield-Greene County 9-1-1 Emergency Communications Department when there is a change of any information on this form.

When filling out the form, please be sure to:

1. Give your telephone number, name and complete address including any apartment or lot numbers.
2. Check the box(es) that apply.
3. Sign and date the form.
4. Return the form to the address below or email to the Executive Secretary.

Springfield-Greene County 9-1-1 Emergency Communications Department
330 W. Scott Street
Springfield, MO 65802

Questions?

Please call #417-829-6000 or e-mail Executive Secretary at E911@springfieldmo.gov.

Please note: The above phone number is a **NON-emergency number** and is only answered during normal office hours. ***It should not be used to request police, fire or EMS response.***