

## City pushing to enhance 911 service for the disabled

By Cate Lecuyer – Salem News

Beverly – A program that allows people with disabilities to register with a local 911 database isn't exactly new, but police have started spreading forms around the city to get more participation.

"We're trying to get the word out," said Art Daignault, the city's Americans with Disabilities Act Coordinator.

The standardized forms stem from a federal program to help local police respond to residents with disabilities. They're available at the police station, at the senior center, have been distributed at various elderly housing developments and will soon be online at [www.beverlypd.org](http://www.beverlypd.org). Fill it out, and get it back to the police station by mail, fax, or in person and, if you ever have to call 911, details about your disability will pop up along with your other information.

"So we know how to best respond to the individual that's calling," said police spokesman John McCarthy. Depending on the disability, a code will alert police if someone is blind, deaf, speech impaired, is in a wheelchair or has otherwise impaired mobility, is on life support, or is developmentally disabled.

All of the data are voluntary and confidential, McCarthy said, and can certainly be useful in an emergency.

"It helps us in determining what may or may not be going on," he said.

The disability program has been in place since last year, when the dispatch center got a more sophisticated 911 system that uses GPS to track phone calls, but Daignault said it's only been advertised within the last couple of months.

McCarthy said he doesn't know how many people have signed up so far, but encourages more people to fill out a form.

"I've got four in front of me now," he said

**See application form below!**

## 911 DISABILITY INDICATOR FORM – Individual Record

The filing of this document with your 911 Municipal Coordinator will alert public 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 **only** appear at the dispatcher's location when a 911 call originates from **your** address.

Telephone #: Area Code (\_\_\_\_) \_\_\_\_\_  Voice  TTY

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town/Zip: \_\_\_\_\_

The following are approved designations for inclusion in the 911 Database to assist public safety dispatchers in responding to an emergency at your address.

**Any changes should be communicated to your 911 Municipal Coordinator promptly.**

- “LSS” – Life Support System:** Alerts the public safety dispatcher that someone at that address is linked to equipment required to sustain their life.
- “MI” – 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.
- “D H H” – Deaf and Hard of Hearing:** Alerts the public safety dispatcher that someone at that address is deaf or hard of hearing.
- “T T Y” – Teletypewriter:** Alerts the public safety dispatcher that communication via the telephone with someone at that address may be by TTY.
- “S I” – Speech Impaired:** Alerts the public safety dispatcher that someone at that address is speech impaired.
- “D D” – Developmentally Disabled:** Alerts the public safety dispatcher that someone at that address has some degree of cognitive disability.
- Other Disability:**
- PLEASE REMOVE** any designation presently displayed.
- PLEASE CHANGE** existing designators to those shown above.

**NOTICE:** By initiating this document, I understand that I am responsible for notifying 911 Fire & Police Department Coordinators of any changes with regard to the status of the above disability indicator(s). I further agree that 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 911 record  
Until such time as I notify my 911 Municipal Coordinator to change or delete the same.

Signed: \_\_\_\_\_ (Customer)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Municipal Coordinator)

Date: \_\_\_\_\_

**Please mail or FAX this form to the Beverly Police Department, ATTN: Sgt Philip E. McCarthy  
191 Cabot Street, Beverly, Ma. 01915  
FAX #: 978-921-8327**