



# Washington County Emergency Communications District

4722 Lake Park Drive, Johnson City, Tennessee 37615

Phone: (423) 979-1500 • www.wc911.org



## WASHINGTON COUNTY EMERGENCY COMMUNICATIONS

### Accessibility Information Form

Helping Washington County 9-1-1 better understand your communication and accessibility needs in an emergency. Information shared here will only be used to assist dispatchers and emergency responders in providing effective and inclusive service.

#### SECTION 1: BASIC INFORMATION

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

Date of Birth (optional): \_\_\_\_\_

Address / Primary Location: \_\_\_\_\_

Old Address (if applicable) \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Note:** If your address changes, please update this form with your old and new address so the information can be transferred in the CAD system.

**Accessibility Information provided on this form will remain on file for a period of three (3) years.** Updates are required at the end of this period or earlier if the individual's needs change.

#### SECTION 2: COMMUNICATION PREFERENCES

If unable to communicate to a dispatcher by voice, how do you prefer to communicate during an emergency?

Check all that apply.

- Text to 911
- Relay Services (TTY/VRS)
- In-person interpreter (ASL/other)
- Speech device (AAC/other)
- Other: \_\_\_\_\_

If you call 911, what should dispatchers know about how to reach or understand you?

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**SECTION 3: ACCESSIBILITY INFORMATION**

Do you have any disabilities or medical conditions that may affect your communication or response?  
Check all that apply.

- Deaf or Hard of Hearing
- Visually Impaired or Blind
- Speech Difference
- Mobility or Medical Device (e.g., wheelchair, walker, bed ridden, oxygen, etc.)
- Autism or Developmental Disability
- Cognitive / Memory / Brain Injury
- Seizure Disorder
- Mental Health Condition
- Other: \_\_\_\_\_

Service Animal?    Yes                      No                      Function: \_\_\_\_\_

Care Giver?    Yes                      No                      If Yes - Hours: \_\_\_\_\_

Additional notes you would like dispatchers or responders to know:

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**SECTION 4: EMERGENCY CONTACT**

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

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Can this person communicate on your behalf?    Yes                      No

**CONSENT**

I understand that I consent to the information above being used by Washington County Emergency Communication District for emergency communication and response purposes only and that the person submitting and authorizing the use of the information by signing this form waives any rights to keep said information private and acknowledges that at the sole discretion of the District, the information may or may not be included in the CAD database, and may or may not be used in a response to a call for service.

Signature: \_\_\_\_\_

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

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