



Mission Statement:

One Team, One Mission, One Fight

911 Functional Needs Registry Form

Monett-Lawrence County 911
Monett Justice Center
1901 E Cleveland Ave
Monett, MO 65708

Phone: 417.235.4241
Fax: 417.235.4235
FaceBook Page: @monett911
911EMAMonettLawCo@cityofmonett.com

INTRODUCTION

By submitting this completed form, I am requesting this information be entered into the database at the Monett-Lawrence County 911 Center. The information will be used to alert public safety responders (police, fire and EMS) that an individual residing at this address has a disability that may hinder evacuation or transport. This will also notify them of premise information such as storm shelters, lock boxes, hidden keys, etc. This information is confidential and will appear on the telecommunicators computer screen only when this address is used. Please check all categories that apply:

REGISTRANT INFORMATION

First Name _____ Last Name _____ Birth Date (MM/DD/YYYY) _____

Home Address _____ Apt or Unit # _____ City _____

Voice TTY

Home Phone _____ Mobile Phone _____

Email Address _____

Type of Disability

Blind/Visual Impairment _____

Mental/Cognitive Impairment : Dementia Alzheimer's Autism Spectrum Disorder Other _____

DHH - Deaf or Hard of Hearing

Speech Impaired Do you know American Sign Language (ASL)? Yes No

LSS - Life Support System (Equipment required to sustain their life.) _____

Medical Assistance Devices

Wheelchair Walker/Cane

Electricity Dependent Support Devices

Ventilator Home Oxygen System LSS - Life Support System

Other - Describe _____

Home Access Instructions

Lock Box Hidden Key Box Storm Shelter / Safe Room Location

Transportation

- I am self ambulatory
- I am ambulatory but need assistance
- I am in a wheelchair and require a vehicle equipped with a lift
- I am non-ambulatory and require stretcher support

EMERGENCY CONTACT INFORMATION

First Name	Last Name	Relationship
Home Address	Apt or Unit #	City
Phone Number	Other Phone	
Primary Language	Secondary Language	

CERTIFICATION

Name of Person Completing Form (if different from resident described on page 1)	Relationship
Phone number of Person Completing Form	Email Address of Person Completing Form
I have read and understand the attached disclaimer <input type="checkbox"/> Yes	
Signature of Person Completing Form	Date (MM/DD/YYYY)

MONETT-LAWRENCE COUNTY 911 PREMISE ALERT REGISTRY DISCLAIMER

You are asked to complete this form if you want your police department, fire department, ambulance district or other emergency service agency to know about any functional needs you or a resident of your household may have when you call 9-1-1 in an emergency, as well as any premise information location such as safe rooms, storm shelters, etc.

Usually when 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 9-1-1 calls – voice contact would need to be made to verify the address).

At your request, information can be displayed on the dispatcher's screen that will identify the functional needs indicators that have been reported for you, or someone living with you, at your address, as well as any premise information. This information will help the dispatcher communicate with the caller and provide useful information to the responding public safety agencies.

This information is confidential. It will appear on the dispatcher's screen when a call is entered using the address you provide. 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 dispatcher.

The information you provide for input into the 9-1-1 system will need to be verified at least annually. It is your responsibility to notify the Monett-Lawrence County 911 Center when there is a change in any of the information on this form.

When filling out this form, please be sure to:

1. Give your telephone number, name and complete address, including any apartment or lot numbers. If you wish to give a secondary contact name and phone number you may do so.
2. Check the box(es) that apply.
3. If mailing back, sign and date the form.
4. Return the form to the address below, fax or email to our dispatch center.

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Please note: the above phone number is a non-emergency number and is answered 24 hours a day, 7 days a week. ***It should not be used to a request law, fire or EMS response – dial 9-1-1 for actual emergencies.***