



JASPER COUNTY SHERIFF'S OFFICE

DISABILITY INDICATOR FORM

9-1-1 Communications Center

NOTICE: Information provided on this form is considered confidential and may be used to notify first responders.

| | | | | |
|--|----------|--------------------|----------|----------------------|
| Please fully complete the below form in its entirety; providing as much information as possible for any disabilities. (Check all that apply) | | | | |
| AUTISTIC | DEMENTIA | DIABETIC | MOBILITY | COGNITIVELY |
| DEAF | BLIND | SPEECH | OTHER -> | |
| (Last Name) DISABLED PERSON | | (First) | | (Middle) |
| | | | | |
| (Home Address) | | (Town / City) | | (State) |
| | | | | |
| (Date of Birth) | (Sex) | (Height) | (Weight) | (Zip Code) |
| | | | | |
| (Cellphone #) | | (Home Telephone #) | | (Door / Garage Code) |
| | | | | |
| (ADDITIONAL INFORMATION) | | | | |
| | | | | |
| (Last Name) CAREGIVER | | (First) | | (Middle) |
| | | | | |
| (Home Address) | | (Town / City) | | (State) |
| | | | | |
| (Date of Birth) | (Sex) | (Height) | (Weight) | (Zip Code) |
| | | | | |
| (Cellphone #) | | (Home Telephone #) | | (Relation to Above) |
| | | | | |
| <p>NOTICE: By completing this document I fully understand that I am responsible for notifying the Jasper County Sheriff's Office of any changes with regard to the status of the above disability indicator(s). I further agree, I will indemnify, defend and hold the Jasper County Sheriff's Office harmless from and against any claims, suits and proceedings resulting from or arising out of the initial provision or updating of this information.</p> | | | | |
| CAREGIVER (Printed Name) | | Signature | | Date |
| | | | | |