

ADD YOUR INFO TO HOME, CELL, & VoIP PHONES!

"This is New Hampshire

new



"

Public safety professionals working together for New Hampshire

What is Supplemental ALI?

The New Hampshire Enhanced 9-1-1 system is without question one of the finest in the nation. New Hampshire is fortunate to have several 'enhancements' within the 9-1-1 system that other 9-1-1 centers around the country can only dream about. For instance, 9-1-1 Emergency Medical Dispatchers (EMDs) have instant access to TTY communication for the deaf because it is built into each 9-1-1 terminal. They can immediately communicate with a deaf caller in need of help. In addition, New Hampshire 9-1-1 subscribes to the ATT Language Line service which gives 9-1-1 EMDs quick access to over 160 languages and dialects.

Most people know that when you dial 9-1-1 from your home phone, the enhanced computer screen is filled in with the caller's name, address and telephone number. Most people don't know, however, that your telephone number is technically known as ANI (Automatic Number Identification) and the location of the phone (aka your address) is known as ALI (Automatic Location Identification). ANI gives us ALI. New Hampshire 9-1-1 has the unique ability to add supplemental or additional information about permanent medical conditions or hazardous materials specific to YOUR location or address.

Perhaps the most overlooked 'enhancement' of New Hampshire's 9-1-1

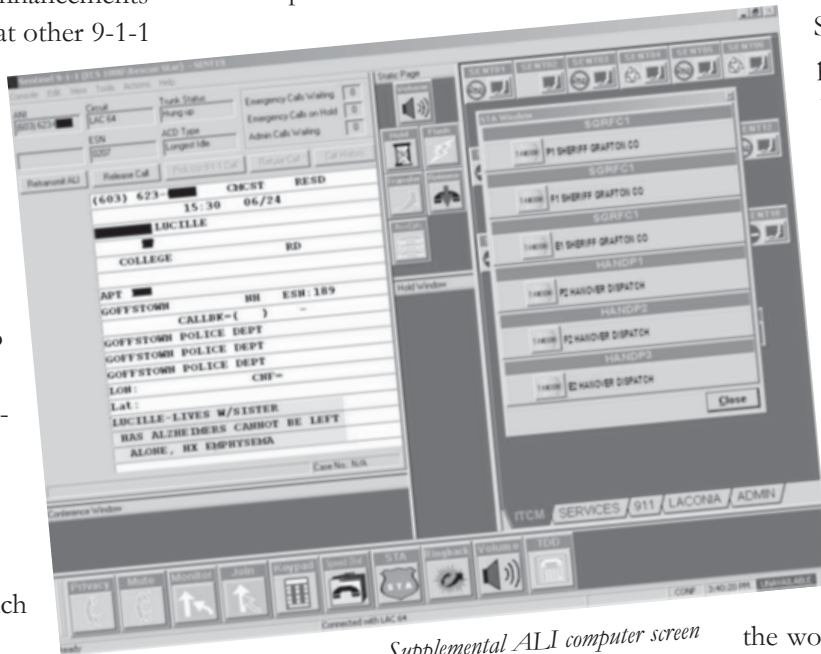
system is the Supplemental ALI database. 9-1-1 maintains this database which is separate from the 9-1-1 database. This special database is reserved

EMDs screen and they will be able to pass this important information along to the local responders.

In March of 1996, the Supplemental ALI database was put to the test when a 9-1-1 call was received from a Nashua woman. When the call came in to the 9-1-1 EMD, the only thing heard was a barking dog. Thankfully, the woman had filled out the Supplemental ALI form indicating she had a sleep disorder and there was a medical dog trained to dial 9-1-1 in her home. The 9-1-1 EMD immediately relayed the information to the local dispatch agency and help was on the way. As it turned out,

the woman had stopped breathing and an alarm was sounding on her breathing machine. If the alarm sounded, the dog was trained to knock the kitchen wall phone off the hook with his nose and then rake his paw over the speed dial pad which had been programmed to dial 9-1-1. Not a single word was spoken and the woman received the help she needed.

If you or one of your family members has a permanent medical condition you'd like to enter into the Supplemental ALI database or if you have hazardous materials you'd like to enter into the Supplemental ALI database, please contact the 9-1-1 business office at (800)806-1242 or (603)271-6911 and ask for a Supplemental ALI form. You can also access an electronic version of the form online at: www.nh.gov/nh911.



Supplemental ALI computer screen

for permanent medical conditions and hazardous materials on site. It is driven by the customer's phone number. If a customer wanted to add information to the database, they would fill out the Supplemental ALI form. The form asks for the customer's name, address, telephone number and either the permanent medical condition (to be described in a few brief words) or the hazardous material information associated with the customer's address. Once the form goes through the appropriate processing steps, the information is entered into the database. From that point forward, if a 9-1-1 call were to be placed from that customer's telephone, this supplemental information will pop-up on the 9-1-1



SUPPLEMENTAL 'AUTOMATIC LOCATION INFORMATION' (ALI) WORKSHEET

State of New Hampshire Department of Safety
Division of Emergency Services and Communications, Bureau of Emergency Communications
33 Hazen Drive, James H. Hayes Building, Concord, New Hampshire 03305
Phone: (603)271-6911 Fax: (603)271-6609 (fax) Digital form available on website: www.nh.gov/nh911

In all cases when the worksheet is filled out by someone other than the telephone subscriber, we will notify the telephone subscriber of the information to be contained within the Supplemental ALI database.

Check applicable box:

<input type="checkbox"/>	This is a new worksheet	<input type="checkbox"/>	This is a revision of a previously submitted worksheet	<input type="checkbox"/>	This is a request to delete
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Please Print or Type Clearly:

LINE 1 Subscriber's Landline/Wired Telephone Number ____ (____) _____ - _____

Subscriber's Cellular/Wireless Telephone Number ____ (____) _____ - _____

LINE 2 Telephone Subscriber's Name: _____
Last First Middle Initial

LINE 3 Telephone Subscriber's Mailing Address: _____
Number Street

_____ NH _____
Town or City State Zip Code

LINE 4 Name of person(s) to whom this information refers (If Different from LINE 2):
A) _____
(Please Print)

B) _____
(Relationship to Telephone Subscriber - Please Print)

C) If information is regarding a child; please provide month and year of birth: _____

LINE 5 Name of person completing the form IF other than subscriber living at address:
A) _____
(Name of Person Completing Form - Please Print)

B) _____
(Relationship to Telephone Subscriber - Please Print)

C) _____
(Contact Person's Phone Number)

LINE 6 _____
(Signature of Person Completing Form)

Check all that apply and/or BRIEFLY state information as it should appear on the 9-1-1 computer screen in the event of an emergency (submit ONLY permanent medical conditions or hazardous material storage location). DO NOT include list of medications (unless life sustaining allergy medications or blood thinners) or physician information. PLEASE use language understood by all:

<input type="checkbox"/>	Deaf or Hard of Hearing (circle one)	<input type="checkbox"/>	Vision Impairment	<input type="checkbox"/>	Speech Impairment
<input type="checkbox"/>	Alzheimer's	<input type="checkbox"/>	Autism	<input type="checkbox"/>	Epilepsy
<input type="checkbox"/>	Pacemaker or Heart Condition(circle one)	<input type="checkbox"/>	Developmental/Cognitive Disability	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Uses Wheelchair	<input type="checkbox"/>	Uses Oxygen	<input type="checkbox"/>	Hazardous Materials on Site

OTHER:

NOTE: A copy of this form will be mailed back to you via certified mail once it is entered into the database.

OFFICE USE: Entered into database on: _____ Initials: _____ Copy sent on: _____