

Department of Health

Nonprofit Disability- Related Organization List

Registration Form

Website Location: <https://www.doh.wa.gov/YouandYourFamily/DisabilityOrganizations/>

About the Department of Health List of Nonprofit Disability Organizations

The purpose of the nonprofit disability organization list is to provide emergency medical service providers, families, communities, caregivers, and people with disabilities with contact information for nonprofit disability-related organizations and agencies in Washington State. Participation on this list is voluntary per organization. The list is by no means exhaustive, nor meant to be exclusive. Any nonprofit organization or agency that provides services and/or resources for people with disabilities in Washington State may choose to join the list by filling out this registration form and emailing the completed form to

HSQA.EMS@doh.wa.gov.

1. Organization Information

Check Appropriate Box: ☐ New Registration ☐ Update Existing Registration

Date of Submission (mm/dd/yyyy):

Organization Name:

Which counties in Washington State does your organization primarily provide services / resources to?
(please check all that apply)

- | | | | | |
|---------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> All Counties | <input type="checkbox"/> Adams | <input type="checkbox"/> Asotin | <input type="checkbox"/> Benton | <input type="checkbox"/> Chelan |
| <input type="checkbox"/> Clallam | <input type="checkbox"/> Clark | <input type="checkbox"/> Columbia | <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Douglas |
| <input type="checkbox"/> Ferry | <input type="checkbox"/> Franklin | <input type="checkbox"/> Garfield | <input type="checkbox"/> Grant | <input type="checkbox"/> Grays Harbor |
| <input type="checkbox"/> Island | <input type="checkbox"/> Jefferson | <input type="checkbox"/> King | <input type="checkbox"/> Kitsap | <input type="checkbox"/> Kittitas |
| <input type="checkbox"/> Klickitat | <input type="checkbox"/> Lewis | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Mason | <input type="checkbox"/> Okanogan |
| <input type="checkbox"/> Pacific | <input type="checkbox"/> Pend Oreille | <input type="checkbox"/> Pierce | <input type="checkbox"/> San Juan | <input type="checkbox"/> Skagit |
| <input type="checkbox"/> Skamania | <input type="checkbox"/> Snohomish | <input type="checkbox"/> Spokane | <input type="checkbox"/> Stevens | <input type="checkbox"/> Thurston |

1. Organization Information

☐ Wahkiakum

☐ Walla Walla

☐ Whatcom

☐ Whitman

☐ Yakima

2. Organization Contact Information

Organization Website Address:

Organization Primary Email Address:

Organization Primary Phone Number:

Physical Address Line 1:

Physical Address Line 2:

City, State, ZIP Code:

Mailing Address Line 1 (if different than above):

Mailing Address Line 2 (if different than above):

City, State, ZIP Code: (if different than above):

Please continue to next page.

3. Disability Communities Served

Which disability communities does your organization primarily provide resources / services to?
(Please check all that apply)

<input type="checkbox"/> All Disabilities	<input type="checkbox"/> ADHD	<input type="checkbox"/> Anxiety Disorders	<input type="checkbox"/> Aphasia	<input type="checkbox"/> Auditory Processing Disorder	
<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Blindness	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Cerebral Palsy	
<input type="checkbox"/> D/deaf	<input type="checkbox"/> Deafblind	<input type="checkbox"/> Deafened	<input type="checkbox"/> Developmental	<input type="checkbox"/> Digestive	
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Dyscalculia	<input type="checkbox"/> Dysgraphia	<input type="checkbox"/> Dyspraxia	<input type="checkbox"/> Eating Disorders	
<input type="checkbox"/> Emotional	<input type="checkbox"/> Fetal Alcohol Spectrum Disorder (FASD)	<input type="checkbox"/> Fragile X	<input type="checkbox"/> Genito- Urinary	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Hearing:	<input type="checkbox"/> Hemic and Lymphatic	<input type="checkbox"/> Intellectual	<input type="checkbox"/> Learning	<input type="checkbox"/> Legally Blind	
<input type="checkbox"/> Loss or Deformity of Limbs	<input type="checkbox"/> Low Vision	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mood Disorders	<input type="checkbox"/> Muscular Dystrophy	
<input type="checkbox"/> Neurological	<input type="checkbox"/> Organic Brain Disorders	<input type="checkbox"/> Osteogenesis Imperfecta	<input type="checkbox"/> Partially Sighted	<input type="checkbox"/> Personality Disorders	

3. Disability Communities Served

☐ Physical—Musculo Skeletal
 ☐ Physical—Neuro Musculo
 ☐ Physiological
 ☐ Poliomyelitis
 ☐ Reproductive

☐ Respiratory
 ☐ Schizophrenia
 ☐ Sensory Processing Disorder
 ☐ Short & Long Term Memory Problems
 ☐ Skin and Endocrine

☐ Special Sense Organs
 ☐ Speech
 ☐ Spina Bifida
 ☐ Spinal Cord Injury
 ☐ Stroke

☐ Total Blindness
 ☐ Visual:
 ☐ Visual Processing Disorder

☐ Other (please specify):

4. Services / Resources Offered

Which services / resources does your organization offer? (please check all that apply)

☐ Advocacy
 ☐ Arts
 ☐ Assessment
 ☐ Assistive Technology

☐ Awareness
 ☐ Benefits Planning Services
 ☐ Business Consultation
 ☐ Childhood Development

☐ Community Resources
 ☐ Counseling
 ☐ Education
 ☐ Employment

☐ Equipment
 ☐ Family / Parent / Caregiver Support
 ☐ Financial Counsel
 ☐ Healthcare

☐ House / Yard Care
 ☐ Inclusion
 ☐ Independent Living Evaluation & Services
 ☐ Installation Services

4. Services / Resources Offered

<input type="checkbox"/> Interpreter / Translation Services	<input type="checkbox"/> Legal	<input type="checkbox"/> Long-Term Care Services & Support	<input type="checkbox"/> Maintenance Services
<input type="checkbox"/> Media / Publications	<input type="checkbox"/> Personal Assistance Services	<input type="checkbox"/> Pet Care	<input type="checkbox"/> Physical & Mental Restoration Services
<input type="checkbox"/> Post-Employment Services	<input type="checkbox"/> Pre-Employment Transition Services	<input type="checkbox"/> Recreation	<input type="checkbox"/> Referral Services
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Research	<input type="checkbox"/> Residential / Housing	<input type="checkbox"/> Self-Determination
<input type="checkbox"/> Special Education	<input type="checkbox"/> Support Groups	<input type="checkbox"/> Therapy	<input type="checkbox"/> Training
<input type="checkbox"/> Transition Services	<input type="checkbox"/> Transportation	<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Vocational Training

5. Demographic Groups Served

Which demographic groups with disabilities does your organization represent? (please select all that apply)

- ☐ All Groups ☐ Children 0-3 Years ☐ Children 4-13 Years ☐ Children 14-21 Years
☐ Adults ☐ Veterans ☐ Seniors ☐ Low Income

6. Return Completed Form to Department of Health

Please return the completed form via email to HSQA.EMS@doh.wa.gov

Questions, concerns or suggestions?

Please contact the Emergency Care System at the Washington State Department of Health:

Email: HSQA.EMS@doh.wa.gov

Phone: 360-236-2838