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)

☐ All Counties	☐ Adams	☐ Asotin	☐ Benton	☐ Chelan
☐ Clallam	☐ Clark	☐ Columbia	☐ Cowlitz	☐ Douglas
☐ Ferry	☐ Franklin	☐ Garfield	☐ Grant	☐ Grays Harbor
☐ Island	☐ Jefferson	☐ King	☐ Kitsap	☐ Kittitas
☐ Klickitat	☐ Lewis	☐ Lincoln	☐ Mason	☐ Okanogan
☐ Pacific	☐ Pend Oreille	☐ Pierce	☐ San Juan	☐ Skagit
☐ Skamania	☐ Snohomish	☐ Spokane	☐ Stevens	☐ Thurston
☐ Wahkiakum	☐ Walla Walla	☐ Whatcom	☐ Whitman	☐ Yakima

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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.

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3. Disability Communities Served

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

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

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3. Disability Communities Served

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

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