

## **Bureau County**

### **Premise Alert Program Notification Form**

The Illinois Premise Alert Program (Public Act 096-0788) provides for Public Safety Agencies in the State of Illinois to allow people with special needs to provide information to police, fire and EMS personnel to be kept in a database. The information can then be provided to responders dealing with situations involving the Special Needs individuals.

The purpose of this program is to offer guidance and direction to the public safety workers in responding to and assisting those people with special needs or disabilities or both with whom they will have contact in the performance of their duties and responsibilities.

Disability is defined as an individual with physical or mental impairment that substantially limits one or more of the major life activities; a record of such impairment; or when the individual is regarded as having such impairment. This also includes but not limited to, a medical impairment that requires the use of pressurized oxygen.

Special needs is defined as those individuals who have or are at increased risk for a **chronic** physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by individuals generally. This also includes but not limited to, a medical impairment that requires the use of pressurized oxygen.

In order for information to be entered into the Premise Alert Program database the following must be completed:

1. Proper form
2. Written permission obtained from one of the following:
  - a. parent
  - b. guardian
  - c. family member

d. caregiver of the individual

3. Verification must be completed prior to entry into the database.

The verification can be completed by one of the following:

- a. the individual
- b. family member
- c. friends
- d. caregivers
- e. medical personnel familiar with the individual

The notification expires two (2) years after the date it was submitted. If not renewed it will be removed from the database. It may be renewed by completing another form. During the 2-year time if any changes occur, please update the information by filing an amended request form.

This includes but not limited to the following:

1. Change of address
2. Change in condition
3. No longer the need to be in the database

The forms may be completed and returned to the following address:

Bureau County 9-1-1 Office  
615 Elm Place  
Princeton, IL 61356  
ATTN: Premise Alert Program  
EMAIL-dawnleeporter@yahoo.com

# Bureau County

## Premise Alert Program Form

By completing and signing below, you are acknowledging the following and verifying the information provided:

1. By participating in this program the participant acknowledges that this provision of special needs information **will not result in preferential treatment.**
2. All information entered into the Premise Alert Program database **must** be updated every two (2) years or when such information changes, this is to be completed by the participant or their designee.
3. This program is completely voluntary.
4. The information gathered as part of this Premise Alert Program shall remain strictly confidential. The information shall only be used to provide assistance to emergency medical, fire, and law enforcement responders.
5. The information provided will be disseminated to the emergency responders in a variety of communications technologies; this will include but not be limited to the following:
  - a. Radio communications
  - b. Computer communications
  - c. Telephone Technology
  - d. Other communications technologies as utilized

<b>Special Needs Person Information:</b>		<input type="checkbox"/> <b>New</b>	<input type="checkbox"/> <b>Update</b>	<input type="checkbox"/> <b>Renewal</b>	
_____ Name		_____ Employed By			
_____ Home Address		_____ Work Address:			
_____ City	IL _____ Zip Code	_____ City	_____ State	_____ Zip Code	
_____ Home Phone	_____ Cell Phone	_____ Work Phone	_____ Other Phone (type)		
_____ Date of Birth	____ M ____ F Sex	_____ Height	_____ Weight	_____ Eyes	_____ Hair

**Special Needs Information:** Please advise nature of Special Needs for this individual:

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Please advise what type of precautions Emergency Services personnel should be aware of:

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Where can Emergency Services find a list of special needs including a current list of medication:

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**Information Provider/Contact Persons:**

This information is being provided by:

OR

( ) The individual named above

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to the Special Needs Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Alternate Phone

**Emergency Services Use Only:**

**Date Received:** \_\_\_\_\_ **Date entered into CAD:** \_\_\_\_\_ **Entered By:** \_\_\_\_\_

**Date copy to Emergency Services :** \_\_\_\_\_ **Sent by:** \_\_\_\_\_ **Badge #** \_\_\_\_\_

**Agencies Copies Sent To:** \_\_\_\_\_

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