

Effingham City Police Department
PREMISE ALERT PROGRAM INFORMATION

Circle one:	NEW	UPDATE	RENEWAL
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The following information will be used to offer guidance and direction to emergency responders dispatched by the Effingham City 911 Center. It will remain strictly confidential and will only be used to provide assistance to those people with Special Needs, Disabilities, or both. The information will be kept on file for a period not to exceed two (2) years and must be renewed at that time or updated as needed.

Disability is defined as an individual's 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. **Special needs** is defined as those individuals who have or are increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also required health and related services of a type of amount beyond that required by individuals generally. **This is not to include Communicable Diseases.**

NAME: _____ AGE: _____ DOB: _____
(Last, First, MI) (DD/MM/YYYY)

ADDRESS: _____ APT# _____

CITY, STATE, ZIP: _____

HOME PHONE # _____ MOBILE PHONE #: _____

Emergency Contacts: Name ----Address -----Telephone

1. _____
2. _____

Special Needs/Disabilities Information to be Dispatched:

Does the individual have a tendency to wander from home?
(Alzheimer's, Autism, Down's syndrome, etc.) YES NO

Start Date: _____ End Date: (not to exceed 2 years)

By signing, I certify that I am authorized to submit this information and hereby give permission to enter it into the Premise Alert Program Database. I further understand that the information provided, including the individuals name and address will be disseminated to emergency responders using a variety of communication technologies to include two-way radio communications. ***This form will be reviewed and validated for verification of the Special Needs to be entered in the database***.

Print Name: _____ Relationship _____
Signature: _____ Date: _____

Authorized Department Signature: _____

Effingham City 911 Center USE ONLY:

Date Received: _____ Date entered into CAD: _____ Entered By: _____