

PREMISE ALERT PROGRAM



INFORMATION OF SPECIAL NEEDS INDIVIDUAL:

Name: _____ Nickname: _____
(First, Middle, Last)

Gender: M / F Race/Ethnicity: _____ Date of Birth: _____

Address: _____ Town/City: _____

Previous Home Address: _____

Cell Phone #: _____ Cell Phone Provider: _____

Work Address: _____ Prior Work Address: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Glasses: YES NO Braces: YES NO

Preferred Language: English Spanish Other _____

Driver's License / ID Card #: _____ State: _____

Vehicle Make: _____ Model: _____ Year: _____ Color: _____ License Plate: _____

Physical Description (scars/marks/tattoos): _____

Special Needs Condition/Disability: _____

Special Needs Identifiers: ID Bracelet/Alert Band: YES NO
ID Necklace: YES NO
Special Needs ID Card: YES NO
Communication: Verbal Non-Verbal

Medical Needs: _____

If emergency personnel (police, fire, paramedics) need to gain emergency access into the residence, do they have permission to make entry? YES NO

Is there a keypad to gain access? YES NO (If YES - CODE: _____)

Is there a hidden key on the premise? YES NO

Triggers to avoid (if possible): _____

Strategies/needs for positive interaction: _____

Favorite places to visit (parks, stores, etc.): _____

Habits of special needs individual: _____

Has the special needs individual gone missing: YES NO

If YES – When/Where were they located? _____

The Special Needs Individual is: Myself Family Member Friend Other _____

Is a current photo available? YES NO (If YES, attach a current photo)

EMERGENCY CONTACT INFORMATION:

Name: _____ Name: _____

Address: _____ Address: _____

Home/Cell Phone: _____ Home/Cell Phone: _____

Relationship: _____ Relationship: _____

AUTHORIZING PERSON VERIFICATION:

- Special Need Verified By:
- Myself / Special Needs Individual
 - Family Member
 - Friend
 - Caregiver
 - Medical person familiar with the individual

Does the Special Needs Individual have a [Smart911](#) Profile? YES NO

In addition to submittal of this form, we encourage registering for a Smart911 profile at www.Smart911.com.

NOTE: A signed release must accompany this registration form.

Complete the appropriate release form below and submit with the registration form.

FOR OFFICIAL USE ONLY			
Received Date:		Entered into CAD/Date & Initial:	
Initials/Badge Number:		Submitted to DUCOMM/ Date & Initial:	
Verified by Crime Prevention Supervisor:		Submitted to NORCOMM/Date & Initial:	
Verified by Agency:		Entered into 911/Date & Initial:	

SUBMIT FORM TO:

Addison Consolidated Dispatch Center

FAX: 630-495-1906 or EMAIL: acdcwebdispatch@addison-il.org

PREMISE ALERT PROGRAM SELF-RELEASE FORM
Special Needs Individual Submittal

I represent that I, *(name)* _____ am of legal age and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve me. I, therefore, authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I agree to the dissemination of this information to any police, fire and emergency response agencies, which may need access to this information in order to respond to an emergency, or potential emergency that may involve me. I acknowledge that by providing this information for the purpose stated above that I am not entitled to any preferential treatment nor a more timely response to any emergency or potential emergency. This information will be kept on file for a period not to exceed two (2) years. A notification will be made prior to that 2-year deadline. If the information is not confirmed at that time, the information will be removed from this database. I agree to keep this information current and acknowledge that the information provided becomes the property of the Addison Police Department for the purpose stated above. I further for myself, heirs, executors, administrators, personnel representatives and assigns waive and release any and all rights, claims and causes of action which I may have against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between me and against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me and that the aforementioned police, fire and emergency response agencies do not waive or limit any defense of immunity available to them by law. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the *(your town/city police department name)* _____ Police Department to enter this information into the Premise Alert Program database.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

PREMISE ALERT PROGRAM RELEASE FORM
Representative of Special Needs Individual Submittal

I represent that I, *(your name)* _____ am of legal age and capacity and that I represent *(special needs individual name)* _____ as the parent or legal guardian (copy of 'letter of office' attached as applicable) and acknowledge the information provided herein has been given freely, voluntarily, and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve *(special needs individual name)* _____. I, therefore and on behalf of *(special needs individual name)* _____ authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving *(special needs individual name)* _____. I agree to the dissemination of this information to any police, fire and emergency response agencies, which may need access to this information in order to respond to an emergency, or potential emergency that may involve *(special needs individual name)* _____. I acknowledge that by providing this information for the purpose stated above, *(special needs individual name)* _____ is not entitled to preferential treatment nor a more timely response to any emergency or potential emergency. This information will be kept on file for a period not to exceed two (2) years. A notification will be made prior to that 2-year deadline. If the information is not confirmed at that time, the information will be removed from this database. I agree to keep this information current and acknowledge that the information provided becomes the property of the Addison Police Department for the purpose stated above. I further for *(special needs individual name)* _____, his/her heirs, executors, administrators, personnel representatives and assigns, waive and release any and all rights, claims and causes of action which they may have against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving *(special needs individual name)* _____. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between *(special needs individual name)* _____ and those police, fire and emergency involving *(special needs individual name)* _____ and that the aforementioned police, fire and emergency response agencies do not waive or limit defense or immunity available to them by law. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the *(your town/city police department name)* _____ Police Department to enter this information into the Premise Alert Program database.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____