



Premise Alert Program Notification Form

The Illinois Premise Alert Program (Public Act 96-0788) 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 Special Needs Individuals.

The information provided by you will be kept confidential and used only to provide City of Bloomington Emergency Responders with the information needed to deal with situations or emergencies involving a Special Needs person.

The notification expires 2 (two) years after the date it was submitted. You may update or renew it at anytime by filing a new form.

The information provided will be entered into databases maintained by the Bloomington Dispatch Center and may be shared with other police, fire or EMS agencies as needed to provide services to the individual.

The individual must understand that the information provided here will not result in any type of preferential treatment to the individual and that the City of Bloomington, it's police and fire departments nor any other responding agencies will not be held liable for duties relating to the reporting of special needs individuals.

I also understand that if any of the provided information changes, I must notify the City of Bloomington by filing an amended request form. The information will self expire 2 (two) years from the date received by the City of Bloomington and I must renew the form prior to the expiration date if I want the information kept in the Bloomington Dispatch databases.

A Special Needs Individual is hereby defined as: Having a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. The undersigned is the named individual, a family member, friend, caregiver, or medical personnel familiar with the individual. By signing, I certify I have read and understand this form in it's entirety and hereby give permission to the Bloomington Dispatch Center to enter this information into the Premise Alert Program (PAP) database.

The person submitting this form will be contacted to verify the information and ensure that the Special Needs Individual qualifies for entry into the database.

I understand and agree to these terms:

Signature	Printed Name	Date
First Responder & Dispatch Use Only:		
Date received: _____		Received by: _____ ID# _____
Date forwarded to Bloomington Dispatch: _____		
Date received by Bloomington Dispatch: _____		
Date entered into Dispatch CAD: _____		Entered by: _____ ID# _____

Please Print Legibly

Special Needs Person Information:		<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Renewal
Name _____		Height _____	Weight _____	
Home Address _____		Eyes _____	Hair _____	
City _____	State _____	ZIP _____	Date of Birth _____	
Home Phone _____	Cell Phone _____	(____) M	(____) F	

Please check any of the following conditions that apply:

<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Autism	<input type="checkbox"/> Downs Syndrome
<input type="checkbox"/> Deaf/Hard of Hearing	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Vision Impaired
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Physical Disability (explain)	<input type="checkbox"/> Other (explain)

Please provide a brief description of the information you wish Emergency Responders to made aware of when responding to your residence:

Information Provider / Contact Person

This information is being provided by: () The individual named above

Or:

Name _____	Relationship to the Special Needs Person _____
Address _____	City _____ State _____ ZIP _____
Home Phone _____	Alternate Phone _____