PREMISE ALERT PROGRAM (PAP)

On August 28, 2009, the Illinois Premise Alert Program (PAP) Act became effective in Illinois. The PAP is a safety program that supports individuals living with disabilities as well as emergency responders that are dispatched to calls at a specific address. The PAP is a database of individuals with special needs that is kept in a computer aided dispatch (CAD) database and is to be maintained by public safety agencies at the request of families, caregivers, or individuals with disabilities or special needs. The PAP allows families to voluntarily notify the police and first responders about their special circumstances free of any charge. The PAP will assist public safety agencies to identify individuals who have specials needs, which will enable the responding officers and paramedics to have additional information at their disposal.

Who can use it?
Anyone who has a special need, health challenge or disability such as, but not limited to, Alzheimer's Disease, Autism, Mental Health Challenges, Mental Retardation, a complex or rare medical condition, who would like first responders such as police, ambulance and fire department to know of their special needs.

Who can fill out this form?
- Individuals with special needs can fill it out for themselves.
- Parents of minor children
- Guardians of minor children
- Current Foster Care Parents (child's name isn't required)
- Those with LEGAL guardianship for another
- Those with the Power of Attorney for another
- *If you do not have a legal right to provide this information, you should NOT fill out this form or provide this information.*

Do I have to fill it out?
No, it is VOLUNTARY. You do not have to provide any information you do not want first responders to know or use.

How do I use the form?
Fill out the form with as much information as you would want put into the 911 database, sign it, and then forward it to the Lake Zurich 911 Center Director. She will review it and the information will be put into the system for future use.

Will I receive preferential treatment by using this form?
NO. Providing this information does not entitle anyone in a household to preferential treatment. It is simply an attempt to provide emergency response personnel with information that may be helpful when providing service to residents or occupants if it can be utilized by responders. Providing information in advance may allow first responders to react and treat in a way that can reduce the possibility of poor outcomes.

How often do I need to fill out a Premise Alert Form?
This form is good for two years. If you move or need to make changes in the information just fill out another form and submit it.

Lake Zurich Police Department - 911 Dispatch Center
Illinois Premise Alert Program Act Entry Form

Serving with Pride

Special Needs

Name Last	First	Middle Initial	Nickname		Date of Birth	Gender ☐ M ☐ F

Race	Height	Weight	Hair	Eyes	Photo Available ☐ Yes ☐ No

Address Street	City	State	Zip	Home Phone ( )	Mobile Phone ( )

Special Concerns or Conditions

Special Concerns or Conditions: (Please identify and describe)

Special Needs Person on Medication ☐ Yes ☐ No

If so, Does the Medication Affect;
☐ Actions ☐ Responses ☐ Senses ☐ Potential for Violence ☐ Other: (Describe Below)

Please describe

Please indicate if the Special Needs Person Is; (Check all that Apply)
☐ Sensitive to Light ☐ Sensitive to Touch ☐ Non-Verbal ☐ Subject to Seizures ☐ Violent
☐ Likely to Hide ☐ Likely to Fight ☐ Afraid of Law Enforcement/Uniformed persons ☐ Other (Describe Below)

Triggers

Please list any "Triggers" or actions which might escalate a confrontation with the Special Needs Person: (What actions by First Responders should be avoided)

Conflict Resolution

Please list any compliance techniques or Suggestions: (What actions can be taken to successfully resolve the Confrontation)

Requestor Information

Name Last	First	Middle Initial	Home Phone ( )	Mobile Phone ( )

Address Street	City	State	Zip	Relation to Special Needs Person

I affirm all of the above is true to the best of my ability. I understand that this information will be maintained for a period of 2 years from the date of entry pursuant to Public Act 096-0788 and by electing to participate in the Premise Alert Program, I will not be afforded any preferential treatment. The Lake Zurich Police Department, will contact me at the end of the 2 year program to determine if I wish to continue in the Program.

_____   _____
Signature of Requestor   Date

Department Use Only

Date Received	Received By	Date Entered into CAD	Entered By