

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 the special needs individuals. The information provided by you will be kept confidential and used only to provide Police, Fire and EMS personnel 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 the information at any time by submitting the [Premise Alert Form](#).

Information shall be entered into the Premise Alert Program or verified by:

- (A) the individual,
- (B) family members,
- (C) friends,
- (D) caregivers, or
- (E) medical personnel familiar with the individual.

Individuals must understand that the information provided to the Premise Alert Program will not result in any type of preferential treatment to the individual and that the City of Crystal Lake nor any other responding agencies will not be held liable for duties relating to the reporting of special needs individuals.

For the purposes of the Premise Alert program "disability" and "special needs individual" are defined as:

- "**Disability**" means an individual's physical or mental impairment substantially limits one or more of the major life activities; a record of such impairment; or when the individual is regarded as having such an impairment.
- "**Special needs individuals**" means 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.

Forward completed forms to:

Crystal Lake Police Department
100 W Woodstock St
Crystal Lake, IL 60014



City of Crystal Lake
Premise Alert Program
Application Form



Please use this form to provide information to be entered pursuant to the Illinois Premise Alert Program Act (430 ILCS 132) into the computer aided dispatch database for public safety agencies served by the McHenry County Emergency Telephone System Board. The information will be available to all emergency responders served by the E911 computer aided dispatch system.

Please Print Legibly

- New Change Information Renew Remove Information

Special Needs Person information:

_____		_____			
Name		Employer			
_____		_____			
Home Address		Work Address			
_____		_____			
City State ZIP		City State ZIP			
_____		_____			
Home Phone	Cell Phone	Work Phone	Other Phone (Type)		
_____		_____			
Date of Birth	() M () F Sex	Height	Weight	Eyes	Hair

Please advise nature of Special Needs for this individual:

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

Information Provider / Contact person

_____		_____	
Name		Relationship to the Special Needs Person	
_____		_____	
Address		City State ZIP	
_____		_____	
Home Phone	Cell Phone	Work Phone	Other Phone (Type)



City of Crystal Lake
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Contact person

Name		Relationship to the Special Needs Person	
Address		City State ZIP	
Home Phone	Cell Phone	Work Phone	Other Phone (Type)

Contact person

Name		Relationship to the Special Needs Person	
Address		City State ZIP	
Home Phone	Cell Phone	Work Phone	Other Phone (Type)

I understand the information given above is intended to offer guidance and provide assistance to responders in assisting those people with special needs or disabilities in the performance of their duties. Presenting this information will not entitle or result in any form of preferential treatment. This information will self expire 2 (two) years from the date received by the Police Department and I must renew the form if I want the information kept in the Premise Alert Program (PAP) database. It shall be the responsibility of the undersigned to notify the Crystal Lake Police Department by filing an amended request form of any changes to this information as soon as those changes are known. The information entered into the Premise Alert Program (PAP) database shall remain confidential. This information will be relayed to responding public safety personnel via two-way radio, phone, computer or any means available. The undersigned hereby verifies the above person has 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 above 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 its entirety and hereby give permission to the McHenry County Emergency Telephone System Board to enter this information into the Premise Alert Program (PAP) database.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____