Illinois Premise Alert Program Request Form

Effingham Police Department and Effingham County Sheriff's Office

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 or disabilities to voluntarily 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.

<u>Disability</u> is defined as an individual's physical or mental impairment that substantially limits one or more of the major life activities. This may be cognitive, developmental, intellectual, mental, physical, sensory, or some combination of these.

<u>Special Needs</u> is defined as those individuals who have or are at increased risk of 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.

The following information will be used to offer guidance and direction to emergency responders dispatched by the Effingham City and Effingham County 911 Centers. 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 of two (2) years after the date it was submitted. You may update or renew it at any time.

Individuals must understand that the information provided here will not result in any type of preferential treatment to the individual and that the Effingham County Sheriff's Office / Effingham Police Department 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 above information changes, I must notify the proper agency (Effingham County Sheriff's Office or Effingham Police Department) by filing an amended request form. The information will self-expire in 2 years from the date received and I must renew the form if I want the information kept in the database.

I understand and agree to these terms:

Signature	Print Name	Date Signed

Please return completed form to:

Effingham County Sheriff's Office Attn: Premise Alert Program 101 N 4th St Effingham, IL 62401 tdaniels@co.effingham.il.us

or

Effingham Police Department Attn: Premise Alert Program 110 S 3rd St Effingham, IL 62401 bbales@effinghamil.com

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	New Entry Request	Update an Existing Entry		Renewal of Entry	
Name:				DOB:	
	Last	First	MI		(MM/DD/YYYY)
Home Addre	ss:			Apt #	
City:		St	ate:	Zip:	
Work/School	Address:				
City:		State:		Zip: _	
Phone Numb	er:	Alternate Phone	e:		
Nature of Dis	sability/Special Need (clin	ical name):			
List any spec	ial equipment (Medical or	otherwise i.e., oxygen, wheelch	nair) locate	d on premi	ises:
List any spec	ial circumstances Emerge	ncy Responders may need to kno	ow:		
Emergency (Contacts:				
Name:		Pho	ne Number	r:	
Relationship	to the Special Needs Perso	on:			
Name:		Pho:	ne Numbei	r:	
Relationship	to the Special Needs Perso	on:			
Requestor's S	Signature:		Da	nte:	
Relationship	to the Special Needs Perso	on:			