

Lee County Public Safety Agencies
Premise Alert Program

Public Act 096-0788 requires Public Safety Agencies with CAD Programs to initiate a Premise Alert Program (PAP) to maintain information on individuals with special needs within their coverage area. In response to that Act, the Lee County Public Safety Answering Point (PSAP) will maintain a database that contains voluntary information of special needs citizens within Lee County.

The purpose of this program is to offer guidance and direction to the public safety workers in responding to and assisting those people with special needs or disabilities or both with whom they will have contact in the performance of their duties and responsibilities.

Premise Alert Notification forms will be provided to Public Safety Agencies in Lee County. In order for information to be entered into the Premise Alert Program database an information and signature form must be completed.

All information entered into the Premise Alert Program database must be updated every two (2) years or when such information changes.

This includes but not limited to the following:

1. Change of address
2. Change in condition
3. No longer the need to be in the database

Attached please find the following:

- PAP Notification/Information Form
- PAP Signature Form

The forms are also available on the Lee County website:

www.countyoflee.org, then click on links, then Premise Alert Program for Special Needs Individuals.

Lee County Public Safety Answering Point

Premise Alert Program Form

Special Needs Person Information:			<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Renewal
Name _____			Employed By _____		
Home Address _____			Work Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Home Phone _____	Cell Phone _____		Work Phone _____	Other Phone _____	
_____	(____) M	(____) F	_____	_____	_____
Date of Birth _____	Sex _____		Height _____	Weight _____	Eye Color _____ Hair Color _____

Special Needs Information - advise nature of Special Needs for this individual
(Please type or write legibly)

Please advise what type of precautions Emergency Service personnel should be aware of:

Information Provider/Contact Person (must be individual, family member, friend, caregiver, or medical personnel familiar with individual)

Name _____	Relationship to Special Needs Person _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Cell Phone _____
Work Phone _____	Alternate Phone _____

Where should responders look for a list of conditions and medications: _____

(This list **must** be kept current)

Lee County Public Safety Answering Point (PSAP)
Premise Alert Program 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 medical personnel to be maintained in a database for information to, in turn, be disseminated to responders dealing with situations involving special needs individuals.

By completing and signing below, you are acknowledging the following and verifying the information provided is true and accurate:

1. By participating in this program the participant acknowledges that this provision of special needs information **will not result in preferential treatment.**
2. The PSAP and/or responding agencies will not be held liable for duties relating to the reporting of special needs individuals.
3. All information entered into the Premise Alert Program database **must** be updated every two (2) years or when such information changes. The participant or their designee is responsible for renewing or updating the form.
4. This program is completely voluntary.
5. The information gathered as part of this Premise Alert Program shall remain confidential and used only to provide medical, fire, and law enforcement responders information needed to effectively deal with situations or emergencies involving a special needs person.
6. The information provided will be disseminated to the emergency responders in a variety of communications technologies; this will include but not be limited to the following:
 - a. Radio communications
 - b. Computer communications
 - c. Telephone Technology
 - d. Other communications technologies as utilized by the PSAP

I understand and agree to the terms and conditions set forth herein:

Signature

Date

Send completed Forms to the Following Address:

Lee County 911 Center
316 South Hennepin Avenue
Dixon, IL 61021

Public Safety Agency Use Only:

Date Received by Agency: _____

Received By: _____

ID #

Date Received by PSAP: _____

Received By: _____

ID #

Date Entered into CAD: _____

Entered By: _____

ID #