



VILLAGE OF STREAMWOOD IL PREMISE ALERT PROGRAM ENROLLMENT FORM



The Illinois Premise Alert Program (430 ILCS 132/1 et seq) is a useful tool for public safety agencies and dispatch centers to be made aware of special information or instructions regarding individuals with special needs or disabilities that require immediate attention when calls for service are requested to a location.

The information provided by you will be kept confidential. The notification expires two (2) years after the date it was submitted and the information will be deleted from the database. You may update or renew it at any time by submitting a new form.

New Enrollment
 Renewal/Update Information
 Cancel Enrollment

INFORMATION FOR PERSON WITH SPECIAL NEEDS		
Full name		
Home address		
Home phone	Cell phone	Work phone
Associated nickname(s)		
Date of birth	Race/Ethnicity	Gender
Eye color	Height	Weight
Visible scars	Visible tattoos	Glasses Yes <input type="checkbox"/> No <input type="checkbox"/>
List other physical identifiers (hearing aids, braces, etc)		
If person wears an ID bracelet/alert band or ID necklace, specify here		
Please provide nature of the special needs for this individual (medical condition/diagnosis)		
Please advise what type of precautions emergency services personnel should be aware of		

If the person has special communication needs or is non-verbal, specify here		
Place of employment or school attending, if applicable		
Is there a keypad to get into the residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Code
If oxygen is used in the residence, please provide location of the tank(s)		
Photograph provided (recommended) Yes <input type="checkbox"/> No <input type="checkbox"/> <i>** photo will not be returned **</i>		
VEHICLE INFORMATION, IF APPLICABLE TO THE PERSON WITH SPECIAL NEEDS		
Year/Color	Make/Model	License Plate #
INFORMATION PROVIDER/EMERGENCY CONTACT PERSON		
Name		
Relationship to individual	Family member <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver <input type="checkbox"/> Individual with special needs <input type="checkbox"/>	
Address		
Home phone	Cell phone	Work phone
I understand: <ul style="list-style-type: none"> • By completing and submitting this form, I hereby verify the above person has a physical or mental impairment, or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and also requires health and related services of a type or amount beyond that required by individuals generally. • The information will be entered into a secured database and will be provided to emergency personnel prior to their arrival at the scene. • The listed details will offer guidance in assisting those people with special needs or disabilities during the performance of their duties. • Presenting this information will not entitle or result in any form of preferential treatment. • This information will be kept on file for two (2) years and if anything changes, I am responsible for notifying the Streamwood Police Department by filing an updated form. • By signing this document, I certify that I have read this form in its entirety and hereby give permission to the Streamwood Police Department to enter this information into the Premise Alert Program (PAP) database. 		
Print name		
Signature		
Date		

Please return completed form to:

Streamwood Police Department
 Attention: Records
 401 E Irving Park Road, Streamwood, IL 60107
 Email: PD-Records@streamwood.org
 Fax: 630-837-9397