



# Montgomery County Premise Alert Program

The premise alert program provides individuals and families with a method to alert first responders, such as police, ambulance, and fire department personnel, to their functional or access needs.

## Premise Alert Program Enrollment Form

Submit this signed form by mailing it to Premise Alert Program, 120 N Main LL Suite B, Hillsboro, IL 62049; or email to 911coord@montgomerycountyil.gov.

- New Individual                       Update Information                       Remove

This is designed for anyone with a special need, health challenge, or disability who would like to inform first responders such as police, ambulance, and fire department personnel, of their needs. Fill out this form with as much information as you would like to provide. Omitting any items will not affect the acceptance or processing of this enrollment form.

Contacts
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Individual's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ APT# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Educational Facility, if applicable: \_\_\_\_\_

*Please provide information for emergency contacts, including at least one who does not live with you.*

Primary Emergency Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_ APT# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_ APT# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Description of Needs

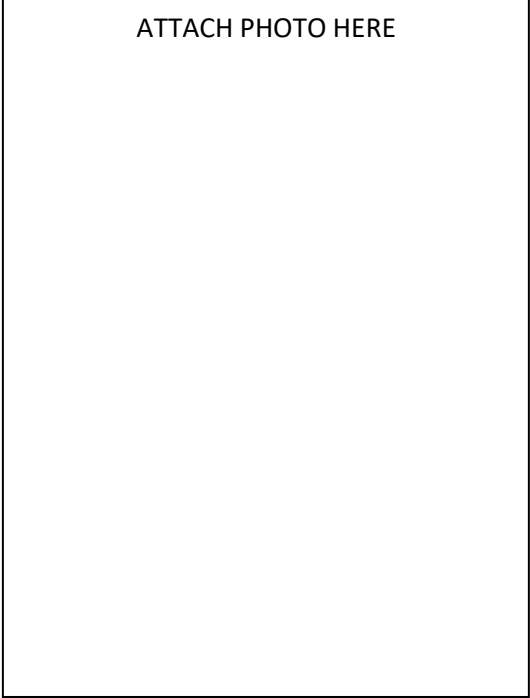
**Gender:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_

**Native Language:** \_\_\_\_\_

*Please check all relevant medical conditions that apply:*

- |  |   |
|--|---|
| <input type="checkbox"/> Visual impairment     | <input type="checkbox"/> Hearing impairment       |
| <input type="checkbox"/> Acquired brain injury | <input type="checkbox"/> Autism                   |
| <input type="checkbox"/> Physical disability   | <input type="checkbox"/> Developmental disability |
| <input type="checkbox"/> Dementia              | <input type="checkbox"/> Diabetes                 |
| <input type="checkbox"/> Alzheimer's Disease   | <input type="checkbox"/> Mental health challenges |
| <input type="checkbox"/> Prone to seizures     | <input type="checkbox"/> Non-verbal               |



Other relevant medical conditions including sensory or dietary issues. Use space below to explain.

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HIV/AIDS is not considered a relevant medical condition for purposes of this form. Under no circumstances should information related to an individual's HIV/AIDS status be disclosed on this form by anyone.

Housing Information

Does the Individual have a File of Life on file (should be placed on refrigerator)?

- YES                       NO

Does the Individual live alone? \_\_\_\_\_

If no, how many other people live with the Individual? \_\_\_\_\_

*Describe location of bedroom or likely place to find the Individual.*

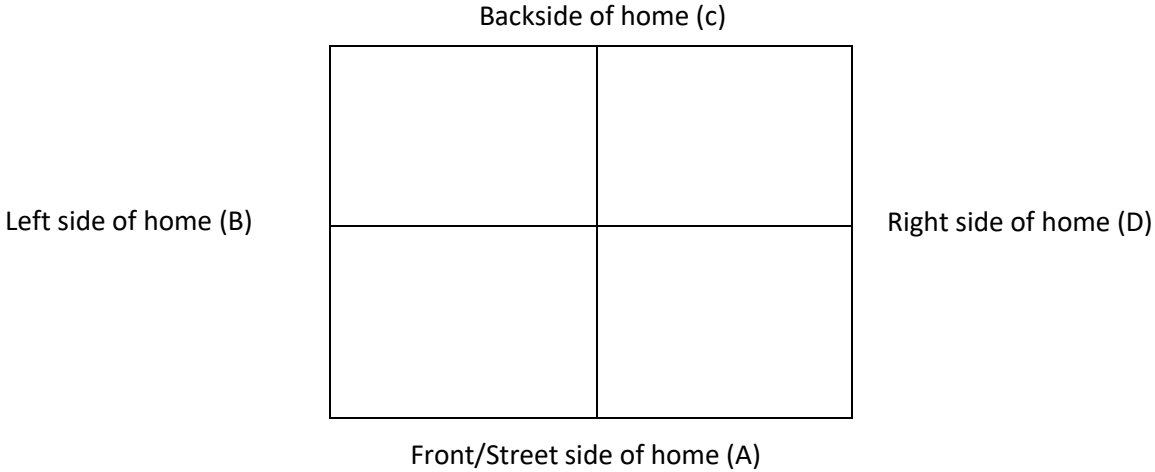
Which level of the home or apartment building does the Individual spend most of his/her time?

- Basement       First       Second       Third       Other: \_\_\_\_\_

Which area of the home or apartment unit does the Individual spend most of his/her time?

- Front of home     Back of home     Center of home     Other: \_\_\_\_\_

Use the diagram below to visually indicate where the Individual spends most of his/her time. Put an "x" to mark the location.



Street Name: \_\_\_\_\_

Please explain any additional information to locate or assist the Individual in his/her home:

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The Premise Alert Program is only effective if we have current contact information. All enrollees must provide undated contact information as soon as possible. Enrollment in the Premise Alert System will be verified on an annual basis. Contact will be attempted via phone, email, or mail to verify the information on file is still current. If no response to the verification attempt is received within 60 days enrollment in the program will be cease.

Statement of Release

Responding to this form is voluntary. This form may be filled out by the individual living with the specified functional need, health challenge, or disability or by his/her parent/guardian, assigned caregiver, or recognized representative. If individuals or their representatives choose to use this form, they must provide their signature below in order to process the information provided. If you experience a change of relevant condition(s) or home address, please update your for immediately.

The information provided on this form may assist police, fire, or emergency response personnel when they are responding to an emergency or other call from your house, for purposes of identifying and/or assisting you or another Individual in your household who is living with a functional need. The information will remain confidential. Information will be relayed to responding public safety personnel via two-way radio, phone, computer, or any means available.

**Required Acknowledgement and Signature(s) of Individual(s) Completing and Submitting this Premise Alert Enrollment Form:**

By completing the Premise Alert Enrollment Form, I acknowledge that the information provided herein is accurate and was submitted voluntarily for the sole purpose of assisting police, fire, and emergency response departments in more effectively responding to a potential emergency in or near my household. I, therefore, certify I have read and understand this for in its entirety and hereby give permission to the (department) to enter this information into the Premise Alert Program database. I, the undersigned, for myself and the registrant named above do hereby authorize the (department) to release the aforementioned information in response to emergency calls regarding the registrant and do further agree to indemnify and hold harmless the (department) and person(s) associated with it.

**Submitter's Name:** \_\_\_\_\_

**Relation (if not the Individual):** \_\_\_\_\_

**Submitter's Phone Number:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Submitter's Mailing Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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FOR OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_