



**BUFFALO GROVE POLICE
DEPARTMENT**

46 Raupp Blvd.
Buffalo Grove, IL 60089



**BUFFALO GROVE FIRE
DEPARTMENT**

1051 Highland Grove Dr.
Buffalo Grove, IL 60089

ILLINOIS PREMISE ALERT PROGRAM INFORMATION

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 Police/Fire/EMS units responding to the specified locations in 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 responding to specified locations with the information needed to deal with situations or emergencies involving a Special Needs person.

The data is provided by the individual or other person in order to provide responding Police, Fire or EMS personnel information to assist them in providing emergency services. The information will be entered into a database maintained by the Police and Fire Departments and may be shared with other police, fire or EMS agencies as needed to provide services to the individual. The information on the special needs person will be associated with the address provided and will be provided to police, fire or EMS units responding to the address.

The individuals must understand that the information provided here will not result in any type of preferential treatment to the individual and that the Village of Buffalo Grove, its police and fire departments 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 attached information changes I must notify the Buffalo Grove Police Department by filing an amended form.

The information listed below may expire after two years. Please notify the Buffalo Grove Police or Fire Department should you wish to continue participating in the program, along with any updated information available.

I understand and agree to these terms:

Signature

Print Name

Date Signed

PREMISE ALERT INFORMATION

New **Update** **Renewal** **Remove**

AT-RISK INDIVIDUAL INFORMATION

Resident Name _____ Date of Birth: __/__/__
(Include nickname if applicable)

Home Address _____ Apt/Unit # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Driver's License/ID Number _____

Race _____ Sex M F Height _____ Weight _____ Eyes _____

Identifying scars, marks, or tattoos _____

SPECIAL NEEDS INFORMATION

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

Please provide a brief description of special needs for this individual:

Please provide a brief description of any special precautions Emergency Service personnel should be made aware of:

INFORMATION PROVIDER

This information is being provided by:

The individual named above
Other (Please list information below)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone or Email _____

Work number _____ TTD/TTY _____

Relationship to the special needs person _____

EMERGENCY CONTACT #1

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone or Email _____

Work number _____ TTD/TTY _____

Relationship to the special needs person _____

EMERGENCY CONTACT #2

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone or Email _____

Work number _____ TTD/TTY _____

Relationship to the special needs person _____

INFORMATION SPECIFIC TO THE AT-RISK PERSON

Does the individual live alone? _____ Is he/she likely to wander off? _____

Prescription medications needed:

Doctor's name and phone number: _____

Location of bedroom or likely place to find the individual in the house/residence at night:

Favorite attractions or locations where the individual is like to be found:

Atypical behaviors or characteristics of the individual that may attract the attention of first responders:

Individual's favorite toys, objects, discussion topics, likes, or dislikes:

Method of preferred communication (if non-verbal: sign language, picture boards, written words, etc.):

Identification information: (ID card, medical alert bracelet, tags, jewelry):

PLEASE RETURN COMPLETED FORM TO:

BUFFALO GROVE POLICE DEPARTMENT

Community Relations Unit
46 Raupp Blvd.
Buffalo Grove, IL 60089

OR

BUFFALO GROVE FIRE DEPARTMENT

1051 Highland Grove Dr.
Attn: Courtney Michaels
Buffalo Grove, IL 60089

[Administrative Use Only: Received on: _____ Entered on: _____ Entered by: _____]