



Sycamore Resident Premise Alert Program Information Form

The following information will be used to offer guidance and direction to emergency responders dispatched by the DeKalb County Sheriff's Office. 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 not to exceed two (2) years and must be renewed at times or updated as needed.

Disability is defined as 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 is defined as 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. **This is not to include Communicable Diseases.**

Name: _____ Age: _____ Date of Birth: _____
(Last, First & Middle Initial)

Address: _____ Apt #: _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contacts:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Special Needs / Disability Information to be given to First Responders:

Where can responders find a medication list? _____

Does the individual have a tendency to wander from home? _____ Yes _____ No
(i.e. Alzheimer's, Autism, Downs Syndrome, etc.)

Start Date: _____ End Date (Not to Exceed 2 years): _____

By signing, I certify that I am authorized to submit this information and hereby give permission to enter it into the Premise Alert Program Database. I further understand that the information provided, including the individual's name and address will be disseminated to emergency responders using a variety of communication technologies to include two-way radio communications.

This completed form is to be submitted to your local fire department (or police department) for review and validation of the special need.

Sycamore Fire Dept. Fax: 815-895-3376 Sycamore Police Dept. Fax: 815-895-7066 DeKalb Co. Sheriff Fax: 815-895-7235

Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Authorized by: _____ Agency: _____

Sheriff's Office Use Only:

Date Received: _____ Date Entered into CAD: _____ Entered by: _____