

The Arc of Delaware County encourages individual living with a specified health challenge or disability, their parent/guardian (in the case of a minor), assigned caregiver, or recognized representative to complete a **Pennsylvania Premise Alert Form** and file it with their local police department.

Pennsylvania Premise Alert is an attempt to provide emergency response personnel with information that may be helpful when providing service to individuals, who is living with a disability or health challenge, and who are resident or occupants of households and residences. More information on this program can be found at www.papremisealert.com

IMPORTANT: Please review the Premise Alert form before completing, signing and submitting the Premise Alert Form. If you choose to respond, the information may be submitted and added to the local, city, county or state police dispatch systems for Emergency Operations.

Responding to this form is voluntary. This form may be filled out by the individual living with a specified health challenge or disability, their parent/guardian (in the case of a minor), assigned caregiver, or recognized representative. If an individual or their representative chooses to use this form, they must provide their signature on the last page. (The signature of the person completing this form is required to process this information contained on the form.) In addition, this information may be removed from files periodically. Therefore, it is **recommended that individuals or their representatives update and submit this form every year** to ensure that the files are kept updated and accurate.

Please be aware: the information provided on this form may assist police, fire and/or emergency response personnel, when they are responding to an emergency or other call from your home, for the purposes of identifying and/or assisting you or another individual in your household who is living with a disability or health challenge

Please note: The name of the individual; described on this form may be left off for reasons of privacy or confidentiality. However, in situations involving group homes, foster-care homes or supportive living arrangements, one may simply enter the first name of the individual to protect confidentiality. This will not affect the acceptance or further processing the information on this form.

If you choose to fill out this form, you may mail or hand deliver it to the police station that serves your area. For information on your local municipality, visit: <http://www.co.delaware.pa.us/towns/index.html> and click on "Municipalities".

If you are a resident of Delaware County, PA and have any questions about Premise Alert contact The Arc of Delaware County at 610/544-6600.

Pennsylvania Premise Alert

Last Name

First Name

Date Form was Submitted

PREMISE ALERT FORM—PERSON SPECIFIC INFORMATION FOR FIRST RESPONDERS

Individual's Name:

Date of Birth:

Address:

County: _____ Township/Borough/Municipality _____

INDIVIDUAL'S CURRENT PHYSICAL DESCRIPTION Here

Attach Recent Photo

Male _____ Female _____

Eye Color _____ Hair Color _____

Scars or other identifying marks _____

RELEVANT MEDICAL CONDITIONS

Blind _____ Deaf _____ Non-Verbal _____ Physical Disability _____

Developmental Disability _____ Mental Retardation _____ Autism _____

Mental Health Challenges _____ Alzheimer's Disease _____ Dementia _____

Acquired Brain Injuries _____ Diabetes _____ Prone to Seizures _____

Other Relevant Medical Conditions: _____

Please Note: HIV/AIDS IS NOT CONSIDERED A RELEVANT MEDICAL CONDITION FOR THE PURPOSES OF THIS FORM AND THE PREMISE ALERT SYSTEM AND PROGRAM. UNDER NO CIRCUMSTANCES SHOULD INFORMATION RELATED TO AN INDIVIDUAL'S HIV/AIDS STATUS BE DISCLOSED ON THIS FORM BY ANYONE. The name of the individual; described on this form may be left off for reasons of privacy or confidentiality. However, in situations involving group homes, foster-care homes or supportive living arrangements, one may simply enter the first name of the individual to protect confidentiality. This will not affect the acceptance or further processing the information on this form.

Prescription Medications Needed: _____

Sensory or Dietary Issues: _____

Addition Information the First Responders May Need: _____

Does the Individual Live Alone _____ Is He/She Likely to Wander Off? _____

Location of bedroom or likely place to find individual in the household/residence at

Night: _____

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact: _____
(Parents/Guardians, Head of Household/Residence or Care Providers)

Emergency Contact's Address: _____

County: _____ Township/Borough/Municipality _____

Emergency Contact's Phone Numbers:

Home: _____ Work _____ Cell: _____

Pager: _____ TTD/TTY: _____

Name of Alternative Emergency Contact: _____

Phone Numbers of Alternative Emergency Contact:

Home: _____ Work _____ Cell: _____

Pager: _____ TTD/TTY: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where individual may be found: _____

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

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

Methods of Preferred Communication (If nonverbal: Sign Language, picture boards, written words, etc.) _____

Identification information (i.e. Does individual carry or wear jewelry, tags, ID card, medical alert bracelet, etc.) _____

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Required Acknowledgement and Signatures of Individual Completing and Submitting This Premise Alert Form

By completing the Premise Alert 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, authorize the use of this information for those purposes and to the maximum extent that I am empowered to do so, waive any claim in law and/or equity against any of the above mentioned responder(s) which I, or _____ (individual's name), or any of our representatives, descendents, or successors, might otherwise have arising from or related to the use of existence of the information provided herein. I understand that providing this information on the Premise Alert Form does not entitle me or anyone in my household, including _____ (individual's name), to preferential treatment, including a more timely response by emergency response personnel. I also

understand and agree that this information may be considered, only if the circumstances and exigencies confronting the police or other emergency responders permit. I also understand that if the information provided on the Premise Alert Form is considered, it may be considered along with all other relevant information, and subject to proper police, fire department or other emergency response procedures, when police, fire department or other emergency response personnel are responding to the residence of the individual for who this form is being completed. Completion and submission of this form is simply an attempt to provide emergency response personnel with information that may be helpful when providing service to resident or occupants of my home, in or near my household.

I hereby verify that the representations made herein are true and correct to the best of my knowledge, information and belief. I acknowledge that written false statements made herein are punishable pursuant to Title 18 Pa.C.S. §490(b) as a misdemeanor of the third degree.

Name _____ Relationship _____
(Print or Type)

Signature: _____ Date: _____

Name _____ Relationship _____
(Print or Type)

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Purge Date: _____

Police Intake Signature & Date: _____

Dispatch Intake Signature & Date: _____

This form is a collaboration between Chief Kevin McCarthy, Susan F. Rzucidlo, The Philadelphia Police Department, other Law Enforcement entities, disability advocates, parent volunteers, educators, State & County Officials and other interested parties. It is owned by SPEAK Unlimited Inc. and is protected by copyright laws. PERMISSION: You are permitted and encouraged to reproduce and distribute this material in hardcopy or electronic form provided that you do NOT alter the wording in any way, you do not charge a fee beyond the cost of reproduction, you give credit to the original authors, and receive written permission and approval from Chief Kevin McCarthy or Susan F. Rzucidlo if alterations or changes are being recommended for incorporation. More information on this program and additional resources can be found at www.papremisealert.com © 04-08.