

Special Needs Premise Alert Program (PAP)

Illinois Premise Alert Program Act (PAP) Public Act 96-0788

General Description of Program

On August 28, 2009 the Illinois Premise Alert Program (PAP) Act became effective in Illinois. The PAP is a safety program that supports individuals living with disabilities as well as Fire and Police Officers responding to specific calls at a specific address. PAP is a data base of individuals with special needs that is kept in a computer aided dispatch (CAD) system and is maintained by public safety agencies at the request of the families, caregivers, or individuals with disabilities or special needs. The PAP allows families to voluntarily notify the police and other first responders about their special circumstances free of any charge. The PAP will enable the responding officer to have additional information at his/her disposal.

Who Can use this form? - Special Needs

“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 and/or who would like first responders such as police, ambulance and fire department to know of their special needs.

PAP Service Area – PAP is a State of Illinois Law and covers all applicable agencies.

Who can fill out this form?

- ❖ Individuals with special needs can fill it out for themselves.
- ❖ Parents of minor children
- ❖ Guardians of minor children
- ❖ Current Foster Care Parents (child's name isn't required)
- ❖ Those with LEGAL guardianship for another
- ❖ Those with the Power of Attorney for another
- ❖ If you do not have a legal right to provide this information, you should NOT fill out this form or provide this information.

Do I have to fill it out?

No, it is VOLUNTARY. You do not have to provide any information you do not want first responders to know or use.

How do I use the form?

Fill out the form with as much information as you would want put into the 911 database, sign it, and then forward it to the:

Lake Zurich 911 Center Director
200 Mohawk Trail
Lake Zurich, IL 60047.

They will review it and the information will be put into the system for future use.

Will I receive preferential treatment by using this form?

NO. Providing this information does not entitle anyone in a household to preferential treatment. It is simply an attempt to provide emergency response personnel with information that may be helpful when providing service to residents or occupants if it can be utilized by responders. Providing information in advance may allow first responders to react and treat in a way that can reduce the possibility of poor outcomes.

How often do I need to fill out a Premise Alert Form?

This form is good for two years. If you move or need to make changes in the information just fill out another form and submit it.

Sharing of Database

For those public safety agencies that share the same CAD database, PAP information can be disseminated to all agencies utilizing that database.

Confidentiality

The information gathered as part of the PAP shall remain strictly confidential. The information shall be used only to provide assistance to emergency medical and police responders.

LOCAL INITIATIVE: - This portion is offered as a public service in a partnership with the Lake Zurich Rotary Club and is not a part of the state act or requirements.

Emergency Response Alerting

Individuals that request to be added to the PAP database will be provided an *Emergency Beacon light bulb* that the Fire Rescue Department will install at your main entry door to assist emergency responders to identify the home when responding. Emergency Beacon bulbs, which were provided by the Lake Zurich Rotary Club, can be used as a regular porch light but also can be activated by the resident when needed to blink “on an off” and create a visible marker for responders to see when approaching.

If you have signed up and have not received an Emergency Beacon bulb contact:

Lake Zurich Fire Rescue Department – 847-540-5070
Or Firedept@volz.org

We will work to get the bulb to you in a timely manner.



Lake Zurich Police Department - 911 Dispatch Center Illinois Premise Alert Program Act Entry Form

Special Needs	Name Last		First		Middle Initial	Nickname		Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F		
	Race			Height	Weight		Hair		Eyes		Photo Available <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address		Street	City		State	Zip	Home Phone () ()		Mobile Phone () ()		
Special Concerns or Conditions	Special Concerns or Conditions: (Please identify and describe)											
	Special Needs Person on Medication <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, Does the Medication Affect; <input type="checkbox"/> Actions <input type="checkbox"/> Responses <input type="checkbox"/> Senses <input type="checkbox"/> Potential for Violence <input type="checkbox"/> Other: (Describe Below)								
	Please describe											
	Please indicate if the Special Needs Person Is; (Check all that Apply) <input type="checkbox"/> Sensitive to Light <input type="checkbox"/> Sensitive to Touch <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Subject to Seizures <input type="checkbox"/> Violent <input type="checkbox"/> Likely to Hide <input type="checkbox"/> Likely to Fight <input type="checkbox"/> Afraid of Law Enforcement/Uniformed persons <input type="checkbox"/> Other (Describe Below)											
Triggers	Please list any "Triggers" or actions which might escalate a confrontation with the Special Needs Person: (What actions by First Responders should be avoided)											
Conflict Resolution	Please list any compliance techniques or Suggestions: (What actions can be taken to successfully resolve the Confrontation)											
Requestor Information	Name Last		First		Middle Initial	Home Phone () ()		Mobile Phone () ()				
	Address		Street	City		State	Zip	Relation to Special Needs Person				
	<p>I affirm all of the above is true to the best of my ability. I understand that this information will be maintained for a period of 2 years from the date of entry pursuant to Public Act 096-0788 and by electing to participate in the Premise Alert Program, I will not be afforded any preferential treatment. The Lake Zurich Police Department, will contact me at the end of the 2 year program to determine if I wish to continue in the Program.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Requestor Date</p>											

Department Use Only

Received Date/Initials	Entered in CAD Date/Initials	Requesting Beacon Bulb? <input type="checkbox"/> Yes <input type="checkbox"/> No	LZFD Notified Date/Initials	Beacon Bulb Installed By LZFD Date/Initials
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