

Premise Alert System

Frequently asked questions

What is the Premise Alert System?

The Premise Alert System provides families with a uniform method to alert first responders about special needs individuals. It also provides first responders with advance knowledge, allowing for quick and educated responses during crises, evacuations, and disasters. The form is provided free of charge to families through DPW and MH/MR Case Managers and can be found at www.papremisealert.com

Police Chief Kevin McCarthy, Sr. along with Susan F. Rzucidlo, advocate, created this program. It was implemented as a Chester County program in Nov. 2004. The Premise Alert System is currently on track to become a statewide program.

Who can use it?

Anyone who has a special need, health challenge or disability such as, but not limited to, Alzheimer's Disease, Autism, Mental Health Challenges, Mental Retardation, a complex or rare medical condition, who would like first responders such as police, ambulance and fire department to know of their special needs. **HIV/AIDS IS NOT CONSIDERED A RELEVANT MEDICAL CONDITION FOR THE PURPOSES OF THIS FORM, THE PREMISE ALERT SYSTEM AND PROGRAM. UNDER NO CIRCUMSTANCES SHOULD INFORMATION RELATED TO AN INDIVIDUALS HIV/AIDS STATUS BE DISCLOSED ON THIS FORM BY ANYONE.**

Do I have to give my Foster Care Child's name on the form?

No, it can be processed without a name but someone with authorization needs to sign the form.

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 take a copy to your local police department. They will review it and send a copy to the County 911 center. The information will be put into the system for future use.

What if I live in an area that uses both a municipal police department and a State Police Department?

If you are in an area that is served by both municipal and state departments then you need to make two copies and take one to each department. Take time to talk to an officer about your form.

The form asks for a recent photograph, what kind of picture is best?

A close up picture, like a passport picture or school picture, if the background is plain, will be easiest for police departments to use. The pictures used on the "smile safe picture cards" from school will work or you can make an appointment at your police department and an officer will take a digital picture to attach free of charge.

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 1 to 2 years depending on the system it is filed in. If you move or need to make changes in the information just fill out another form and submit it. Any of the systems will automatically use the new information.

How can I get more copies?

Case Managers can mail a copy to you or additional copies can be found on-line at www.papremisealert.com

What if I need help filling out the form?

Your case manager, school social worker, guidance counselor, or local advocacy group would be happy to help you fill out the form. Forms can be obtained in various languages by contacting SPEAK Unlimited P.O. Box 98 Landenberg PA 19350

The Premise Alert System and Form is a collaboration between Chief Kevin McCarthy, Susan F. Rzucidlo, 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. It has been given free of charge to the state of Pennsylvania. 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 contact srz@dol.net © 2004-8.

**Last Name, First Name of Individual

Date Form was submitted

PREMISE ALERT REQUEST FORM
PERSON SPECIFIC INFORMATION FOR FIRST RESPONDERS

Individual's Name** _____

Date of Birth _____

Address: _____

County: _____ Township/Borough/Municipality: _____

Individual's Current Physical Description:

Male Female

Height: _____ Weight: _____

*Attach recent
photo here*

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 Diabetes

Prone to Seizures Alzheimer's Disease Dementia Acquired Brain Injury

Other Relevant Medical Conditions, area for further explanation:

HIV/AIDS IS NOT CONSIDERED A RELEVANT MEDICAL CONDITION FOR PURPOSES OF THIS FORM. UNDER NO CIRCUMSTANCES SHOULD INFORMATION RELATED TO AN INDIVIDUALS 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, such as 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. (That will not affect the acceptance or further processing of the information on this form.)

Prescription Medications needed:

Sensory or dietary issues, if any:

Additional information First Responders may need:

Does the Individual live alone? _____

Is he/she likely to wander off? _____

Location of bedroom or likely place to find them 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 Phone: _____ **Pager:** _____

TTD/TTY: _____

Name of Alternative Emergency Contact: _____

Home: _____ **Work:** _____

Cell Phone: _____ **Pager:** _____

TTD/TTY: _____

INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or locations where the 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:

Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.):

Identification Information. (i.e. Does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.):

**IMPORTANT: Please review the following before completing, signing, and/or submitting this
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 the 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 the 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 files are kept updated and accurate.

Required Acknowledgment and Signature/s of Individual/s 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 _____ (the individual's name), or any of our representatives, descendents, or successors, might otherwise have arising from or related to the use or 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 _____ (the 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 sources of information, and subject to proper police and emergency response procedures, when police, fire department or other emergency response personnel are responding to the residence of the individual for whom 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 services to residents 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. §4904(b) as a misdemeanor of the third degree .

Name/ Relationship _____
Date

Name/ Relationship _____
Date

<u>Official Use Only</u>
Purge Date: _____
_____ Police Intake Signature/Date
_____ Dispatch Intake Signature/ Date

This form is compatible with all Pennsylvania Emergency Dispatch Systems. (11/07)

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.papremjalert.com contact sz@adol.net © 04-08.