

Originally, the C-U Autism Network collaborated with the Cities of Urbana and Champaign Police Departments to develop a method to provide critical information to emergency responders in the event of a crisis. This method was known as the Person with Disabilities Emergency Information Form.

During the summer 2009 session of the Illinois legislature, the Illinois Premise Alert Act (ILPAA) (PA 96-0788) was passed that requires that Public Safety Agencies with CAD programs to initiate a Premise Alert Program (PAP) to maintain information on individuals with special needs within their coverage area. This act was signed by Governor Quinn on August 28, 2009.

The Premise Alert Program (PAP), much like the Person with Disabilities Emergency Information Form, is designed to allow the public to notify Public Safety Agencies (police and fire) of any citizens with special needs or disabilities to ensure equal access to emergency services. The completion of the enclosed form will provide public safety personnel access to vital information regarding physical, developmental, behavioral, or emotional disabilities.

In the event of an emergency situation, emergency responders will now have access to photos and critical information about the individual that will help de-escalate certain behaviors.

We acknowledge that the information provided on this form is confidential and will only be provided to emergency responders (police and/or fire). All files will be kept in a secure area of the Champaign Police Department and will not be accessible to the public. The information will only be accessed in an emergency situation and will not be used for any other purpose. The information provided will not result in any type of preferential treatment to the individual and that any responding Public Safety Agencies (police and/or fire) will not be held liable for duties relating to the reporting of special needs individuals.

This information must be updated every two years. If the Department is not contacted by the requestor at the end of the second year, the information will be purged.

If you decide that you no longer want to have this information on file, simply go to the Public Safety Agency you originally submitted the form to and request that this information be deleted. A representative from the respective agency will need to meet with you in person to verify that the person who signed the form is the same person who is requesting that the information be deleted.

For more information, please call Ofc. Jonathan Westfield at (217) 351-4545.

Police Department

Premise Alert Program

(Emergency Information for
Persons with Disabilities)



Champaign Police Department
82 E. University Avenue
Champaign, IL 61820
(217) 351-4545

CHAMPAIGN POLICE DEPARTMENT PREMISE ALERT PROGRAM
PERSON WITH DISABILITY-EMERGENCY INFORMATION ENROLLMENT FORM

Please Attach a Current Photo

Please Print Legibly

New Information

Update/Renewal Information

Remove Information

Name: _____ Date of Birth: _____

Sex: M F Race: Nat-Amer Asian Blk Wht Blk-Hsp Wht-Hsp Other

Current Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ Home/Cell phone: _____

School/Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Work phone: _____

Primary Disability: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____ Home/Cell Telephone: _____

Employer _____ Work Telephone: _____

Method of Communication:

Atypical Behavior or Characteristics that might attract attention:

Sensory, Medical, Dietary Issues:

Approach and De-Escalation Techniques:

Favorite Objects or Discussion Topics

I understand the information given above is intended to offer guidance and provide assistance to responders in assisting those people with special needs or disabilities in the performance of their duties. Presenting this information will not entitle to or result in any form of preferential treatment. This information will be kept on file for a period not to exceed two (2) years. A notification, whether public or private, will be made prior to that 2 year deadline. If the information is not confirmed at that time, the information will be removed from this database. It shall be the responsibility of the undersigned to notify the Champaign Police Department in writing of any changes to this information as soon as those changes are known. I understand that the information provided will be entered into a premise file in Tiburon – CAD database in compliance with the Premise Alert Program (PAP) database and shall remain confidential. This information will be relayed to responding public safety personnel via two-way radio, phone, computer or any means available. The undersigned hereby verifies the above person has a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. The undersigned is the above named individual, a family member, friend, caregiver, or medical personnel familiar with the individual. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Champaign Police Department to enter this information into the Premise Alert Program (PAP) database and retain the enclosed photo on file.

Print Name: _____ Relationship: _____

Signed: _____ Date: _____

Please return completed form to the Champaign Police Department, 82 E. University Av, Champaign, IL 61820