



Village of Mount Prospect

Premise Alert Program/Special Needs Registry

Notification Form

The Illinois Premise Alert Program (Public Act 96-0788) provides for Public Safety Agencies in the State of Illinois to allow people with Special Needs to provide information to Police, Fire, and EMS personnel to be kept in a database. The information from the database can then be provided to Police, Fire, and EMS units responding to the specified location in dealing with situations involving the individual with Special Needs.

The information you or your guardian provide will be kept strictly confidential and used only to provide first responders (Police, Fire, EMS) with your specific location and needed information to deal with situations or emergencies involving a Special Needs person. The information collected will be entered into a database maintained by the Police and Fire Departments and it may be shared with other Police, Fire or EMS agencies as needed to provide services to the individual. The information on the individual with Special Needs will be associated only with the address provided and shared only with first responders to that address.

The individual with Special Needs must understand that the information provided will not result in any type of preferential treatment for the individual and that the Village of Mount Prospect, its Police and Fire Departments, or any other responding agencies will not be held liable for duties relating to the reporting of individuals with Special Needs.

If any of the attached information changes, you or your guardian must notify the Mount Prospect Police Department by filing an amended notification form. The notification expires and the information will be deleted from the database 2 (two) years after the date it is submitted. Residents are responsible for updating information or renewing information at the end of the 2 (two) year period and may do so at any time simply by submitting a new form.

Completed forms must be returned to: OR emailed to: policedepartment@mountprospect.org

**Mount Prospect Police Department
Records Section
911 E. Kensington Road
Mount Prospect, IL 60056**

I understand and agree to these terms:

I further understand and agree that a copy of this information can be provided to the Director of the Human Services Department of the Village of Mount Prospect for the purpose of notifying and assisting residents to renew their Premise Alert Program information.

Resident's Signature _____ Date _____

Resident cannot sign.

Guardian or Personal Representative Signature _____ Date _____

Please print: Name, Relationship and Phone _____



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New Update Renewal

Last Name _____ Home Address _____
First Name _____ City/State/Zip _____
Date of Birth _____ Female ____ Male ____ Work Address _____
Home Phone _____ City/State/Zip _____
Cell Phone _____ Work Phone _____
Height _____ Weight _____ Eye Color _____ Hair Color _____
Residence Type (choose one): Single Family Multi-Family Subsidized Housing Other _____
Living Situation (choose one): Alone With Family/Relatives With Care Giver Other _____

Functional/Access Need (Check all that apply)

-  Medical - Chronic conditions requiring ongoing medical care and powered devices (Example: oxygen use, refrigerated medications, pumped feedings)
-  Impaired Cognitive Function – adults or children requiring assistance with activities of daily living, continuous supervision and care.
-  Communication – Interpreter or sign language needed (Example: Deaf, Hard of Hearing, Mute, difficulty speaking following a brain injury, English is not primary language)
-  Transportation – Homebound residents who are mobility impaired (Example: wheelchair bound, bed bound, unable to exit home independently)
-  Visually Impaired – (Example: Blind, Severely impaired requiring human or animal assistance for activities of daily living)

List any required durable medical equipment (Oxygen, nebulizer, walker, wheelchair, etc.)

Do you have a service animal(s)? _____Yes _____No Do you have a pet? _____Yes _____No
Quantity _____ Type of service animal _____ Quantity _____ Type of animal _____

Emergency Contact #1

Name _____ Phone _____

Address _____

Family Member Caregiver Neighbor Other

Power of Attorney

Emergency Contact #2

Name _____ Phone _____

Address _____

Family Member Caregiver Neighbor Other

Power of Attorney

Please advise what type of precautions Emergency Service personnel should be aware of:

