

Premise Alert Forms available at locations around the county

Menard County residents can alert emergency personnel to the special needs in their households by completing the Menard County E-911 Special Needs Premise Information Form and returning it to the Menard County E-911 Board so the information can be entered into the county's Computer-Aided Dispatch System.

A copy of the form was available in last week's Petersburg Observer and Menard County Review. Forms also may be obtained at Athens City Hall, Petersburg City Hall, Petefish, Skiles & Co. Bank in Tallula, Petefish, Skiles & Co. Bank in Greenview, the Oakford United Methodist Church, the Menard County Housing Authority's office and high rise building and the Menard County Health Department in Petersburg. The form can be downloaded from the Menard County Web site at www.menardcountyil.com/E911.htm.

Because of the confidential nature of the form, it should be completed and mailed to: Menard County E-911 Board, P.O. Box 135, Petersburg, Ill., 62675. It should not be returned to the distribution sites.

The Illinois Premise Alert Program (Public Act 96-0788) provides for public safety agencies in the State of Illinois to allow people with disabilities, special needs or both to furnish information to police, fire and EMS personnel to be kept in a data base.

Families, caregivers or the person with a disability or special needs can voluntarily supply information on the form about any medical conditions or disabilities in a household, which will assist the county's police and sheriff's departments, ambulance crews and fire departments in the event of an emergency. The information will be kept private at the 911 answering point at the Menard County Jail. However, the data will be shared with the appropriate personnel when a 911 call is received from a landline phone at the given address.

Having advance knowledge of special needs saves time during life-threatening emergencies. The responding units can better serve the citizens when they are aware of any special equipment or personnel that may be required to handle the special need.

In addition, residents submitting the forms must post house numbers so they are visible from the road from both directions, day and night. Numeric addresses on mailboxes only are not acceptable if the mailbox is not in front of the house, on the same side of the road.

The notification form expires two (2) years after the date it was submitted. Information must be updated every two years or whenever the information changes. Individuals/families may update or renew it at any time by re-filing the form with the Menard County E-911 Board.

For more information, contact E-911 Board Chairman Larry Graf at 632-7700 or lgraf@co.menard.il.us.

Menard County Premise Alert Program (PAP) Enrollment Form

New

Change Information

Remove

Name _____			Employer _____		
Home Address _____			Work Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Home Phone _____		Cell Phone _____	Work Phone _____		Other Phone (Type) _____
Date of Birth _____		()M ()F	Height _____	Weight _____	Eyes _____
Hair _____	<p>Special Needs/Disability Information: Please advise the nature of the special needs or disability for this individual. Please be specific.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
<p>Please advise what type of precautions Emergency Services personnel should be aware of:</p> <p>_____</p> <p>_____</p>					

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 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 is the responsibility of the undersigned to notify the Menard County E-911 Board in writing of any changes to this information as soon as those changes are known. The information entered into the Premise Alert Program (PAP) database 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 Public Safety Agency to enter this information into the Premise Alert Program (PAP) database.

Print Name _____ Relationship _____

Signed: _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Alternate Phone: _____

Mail to: Menard County E-911 Board, P.O. Box 135, Petersburg, IL 62675