DE KALB COUNTY RESIDENT
PREMISE ALERT PROGRAM INFORMATION FORM

☐ **New** ☐ **Update** ☐ **Renewal**

The following information will be used to offer guidance and direction to emergency responders dispatched by the De Kalb County Sheriff's Office. It will remain strictly confidential and will only be used to provide assistance to those people with Special Needs, Disabilities or both. The information will be kept on file for a period not to exceed two (2) years and must be renewed at that time or updated as needed.

Disability is defined as an individual's physical or mental impairment that substantially limits one or more of the major life activities; a record of such impairment; or when the individual is regarded as having such impairment.
Special Needs is defined as 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. **This is not to include Communicable Diseases.**

NAME: _____ AGE: _____ D.O.B.:_____
(Last, First, M.I.)

ADDRESS: _____APT#: _____

CITY, STATE, ZIP: _____

HOME PHONE #: _____ MOBILE PHONE #: _____

EMERGENCY CONTACTS:

Name	Address	Telephone
1.		
2.		

SPECIAL NEEDS/DISABILITIES INFORMATION TO BE DISPATCHED:

_____
_____
_____
_____
_____
_____

WHERE CAN RESPONDERS FIND A MEDICATION LIST?_____

DOES THE INDIVIDUAL HAVE A TENDENCY TO WANDER FROM HOME?
(Alzheimer's, Autism, Downs Syndrome, etc) YES NO

START DATE:_____ END DATE (Not to exceed 2 years): _____

By signing, I certify that I am authorized to submit this information and herby give permission to enter it into the Premise Alert program Database. I further understand that the information provided, including the individuals name and address will be disseminated to emergency responders using a variety of communication technologies to include two-way radio communications.
**This completed form is to be submitted to your local Fire Department (or Police Department) for review and validation of the Special Need.

Print Name: _____ Relationship: _____

Signature: _____ Date: _____

Authorized by Chief:_____ Agency: _____

SHERIFF'S OFFICE USE ONLY:

Date Received: _____ Date entered Into CAD: _____ Entered By: _____