

AUGUST 28, 2009, THE ILLINOIS PREMISE ALERT PROGRAM (PAP) (PUBLIC ACT 96-0788) WAS ENACTED. THE PAP allows those with special needs or disabilities, or their guardians, to provide personal information to Public Safety Agencies in the State of Illinois for emergency dissemination to police, fire, and EMS personnel. The information provided to first responders for McHenry County is stored and maintained in our secure database that is provided to first responders, via our computer aided dispatch (CAD) system, prior to their arrival at the scene.

The McHenry County Sheriff's Office has embraced this new safety program designed to enhance our police, fire and rescue service to our residents with special needs. I encourage you to support the Premise Alert Program for McHenry County by completing the enclosed form that will provide your public safety personnel access to vital information regarding physical, developmental, behavioral, or emotional disabilities. This information can be provided for residences, businesses, or schools within our jurisdiction. We acknowledge that the information provided on this form is confidential and will only be provided to emergency responders. Please complete the enclosed form and return or mail it to the Sheriff's Office. Should you have questions regarding the PAP program please call our **COMMUNICATIONS DIVISION 815. 338. 2144** or e-mail us at **SHERIFF@CO.MCHENRY.IL.US**



Keith Nygren Sheriff

HISTORY: PAP came about under the direction of Police Chief Kevin C. McCarthy, Sr. of the East Earl Township Police Department Lancaster County, PA. It started as his response to a family's need for their son who carries a dual diagnosis of Autism and Mental Retardation. Due to the child's disabilities, he had a tendency to escape from secure settings. Susan F. Rzucidlo, the mother of this young child, approached Chief McCarthy for help on how to better educate and provide greater understanding to the police and other first responders of her son's disability. Together, Chief McCarthy and Susan Rzucidlo developed the Premise Alert System in 2004.

**MCHENRY COUNTY SHERIFF'S OFFICE
COMMUNICATIONS DIVISION
2200 NORTH SEMINARY AVENUE
WOODSTOCK IL 60098**

FROM



PLACE
STAMP
HERE

Public Safety (430 ILCS132) Illinois Premise Alert Program (PAP) Act for Citizens with Special Needs



MCHENRY COUNTY SHERIFF'S OFFICE
PROUDLY SERVING THE CITIZENS OF MCHENRY COUNTY
WWW.MCHENRYSHERIFF.ORG

This program might be a life saver for residents who may have Alzheimer's disease, are blind, paralyzed or autistic.

**MCHEHRY COUNTY SHERIFF'S OFFICE
PREMISE ALERT PROGRAM NOTIFICATION FORM**

Please Print Legibly New Change Information Remove Information Renewal

Special Needs Person Information: Name: _____

Female: Height: _____ Weight: _____ Eyes: _____ Hair: _____

Home address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____ Work: _____

Place of employment: _____ Address: _____

City: _____ State: _____ Zip: _____

Educational Facility: (if applicable) _____ Phone _____

Address: _____ City: _____ State: _____ Zip: _____

Special Needs Information: Please advise the nature of Special Needs for this individual:

Please advise what type of precautions (if any) that Emergency Services Personnel should be aware of:

Emergency Contact Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Cell: _____ Work: _____

I understand:

- ◆ By completing and submitting this form I hereby verify the above person has a physical or mental impairment requiring the above listed special needs and I hereby give permission to the McHenry County Sheriff's Office to enter this information into the secured Premise Alert Program (PAP) database. This information will be provided to first responders prior to their arrival at the scene.
- ◆ This information remains confidential and used only by public safety personnel; and conforms to the Illinois Public Act 96-0788.
- ◆ By furnishing this information it does not result in preferential service or create a special duty on the part of the Sheriff's Office toward anyone associated with the listed person or the person themselves.
- ◆ This information is kept on file for two (2) years and if any of the above information changes I am responsible for notifying the McHenry County Sheriff's Office by filing an amended request form.
- ◆ This information automatically expires in two (2) years from the date it is received by the Sheriff's Office and that I must renew the form prior to expiration if I want the information to remain in the database.
- ◆ By signing and submitting this form I certify I have read and understand this form in its entirety and I hereby give my permission for my name and phone number to be released to the emergency and law enforcement agencies of McHenry County. I understand this information will remain confidential and be used only by police, fire, EMS and 9-1-1 personnel.

Provider Information: Print Name: _____ Relationship: _____

Signed: _____ Date: _____

MCSO USE ONLY: DATE RECEIVED: _____	DATE FORWARDED TO E911: _____
DATE CONFIRMED IN PAP DATABASE: _____	EXPIRATION DATE: _____