



# PREMISE ALERT PROGRAM

New

Change

Renewal

The Premise Alert Program is a confidential computer-aided dispatch (CAD) database designed to enhance the safety of people with disabilities/ special needs. These individuals, their families, and/or their caregivers may voluntarily submit information about their special circumstances for inclusion in the Premise Alert Program database free of charge.

The address associated to the program participant is entered into the database by the Emergency Telecommunicator, which will prompt the alert. This information will then be relayed to public safety personnel who respond to a call for service involving the participant.

The address alert provides meaningful Information to assist Emergency Telecommunicators and responding agencies with background knowledge of the participants specific disability, medical condition, behavioral issues, violent tendencies, weapons, additional premise access information, caregiver information, etc.

Information pertaining to where the participants live, work and attend school can also be collected, giving responders a valuable resource when they respond to an emergency situation involving a community member with special needs.

Name	Date of Birth	Sex
Height	Weight	Eye Color
		Hair Color
Address	City/State/Zip	
Phone #	Employment/School	Phone #
Work/School Address	City/State/Zip	
Please describe the participants disability/medical condition/diagnosis		
Please describe any behavioral issues associated to the participants disability/medical condition/diagnosis		
Is the participant known to be violent, or have specific triggers?		
Please list specific calming techniques that can be useful for responders.		
Does the participant have mobility impairments or bed confined? If yes, does he/she use wheelchair, and what room is he/she typically in?		
Is the participant a habitual runaway? If yes, where do he/she frequent?		
Does the participant have weapons or access to weapons? If yes, please describe.		
<b>Is the participant:</b> verbal/non-verbal?      prone to go towards water?      have a service animal?		

<b>Emergency Contact</b>	
Name	Relationship
Address	City/State/Zip
Primary Contact Phone #	Secondary Contact Phone #

I understand the information listed is intended to offer guidance to responders in assisting special needs citizens.

I understand that this information will be maintained on file with Johnson County Central Dispatch for a period not to exceed (2) years, and I understand that it is my responsibility to update/renew prior to the expiration to remain in the database.

I hereby give permission for the Johnson County Central Dispatch to enter above information into the Computer Aided Dispatch (CAD) system. I understand this information will remain confidential and used only by Johnson County Central Dispatch Communications and responding personnel.

**RETURN COMPLETED FORM TO:**  
**Johnson County Central Dispatch E-911**  
**315 Hawthorne Blvd, Warrensburg, MO. 64093**  
**Email: JCE-911@joco911.org or Fax: 660-747-2301**