



Premise Alert Program



The Riverwoods Police Department, along with the Lincolnshire-Riverwoods Fire Protection District and the Deerfield-Bannockburn Fire Protection District, offer a Premise Alert Program (PAP) in support of individuals living with disabilities or special needs as well as police and emergency medical personnel responding to calls at a related address. Individuals with disabilities or special needs wishing to participate in the program may supply information to be kept in our computer aided dispatch (CAD) database free of charge. Information may also be supplied by the individual's family members, friends, caregivers, or medical personnel familiar with the individual. When a 911 operator sends police or emergency medical personnel to an address in the database, the information will be passed on to the emergency responders. The information gathered as part of PAP shall remain strictly confidential and will be used only to provide assistance to the emergency medical and police responders.

Individuals with disabilities are those with a physical or mental impairment that substantially limits one or more of the major life activities.

Individuals with special needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require mental health and related services of a type or amount beyond that required by individuals generally.

The intent of the Premise Alert Program is to afford people with special needs or disabilities the same access to public safety services provided to all citizens. Provision of the information will not result in preferential treatment, but it will enhance the ability of emergency responders to effectively deal with those individuals.

If you would like to provide information for a person with a disability or special needs for entry into our computer aided dispatch system, please fill out the following Premise Alert Program Enrollment Form. The form must be filled out every two years. Information not renewed after two years will be removed.

For questions, contact Bruce Dayno, Chief of Police, 847-945-1130 or bdayno@villageofriverwoods.com

Send forms to:
Riverwoods Police Department
845 Saunders Rd
Riverwoods, IL 60015



Illinois Premise Alert Program



SPECIAL CONCERNS RESPONSE INFORMATION

Riverwoods Police Department

Village of Riverwoods residents please use this form to provide information to be entered pursuant to the Illinois Premise Alert Program Act (430 ILCS 132) into the computer aided dispatch database for public safety agencies.

General Information About The Special Concerns Person:

LAST			FIRST			MI		NICKNAME						
ADDRESS								PHONE: HOME		CELL		EMAIL		
BIRTHDATE		RACE	GENDER		HEIGHT		WEIGHT		HAIR COLOR		EYE COLOR		PHOTO	
			MALE	FEMALE									YES	NO
EMPLOYER/SCHOOL ADDRESS (ONLY IF IN RIVERWOODS)														
SPECIAL CONCERN OR CONDITION:														
MEDICATIONS:							HOW DOES THIS MEDICATION AFFECT ACTIONS, RESPONSES, SENSES, POTENTIAL FOR VIOLENCE ETC?							
SUGGESTIONS/TECHNIQUES/ACTIONS THAT CAN BE TAKEN TO SUCCESSFULLY RESOLVE A CONFRONTATION:														
THIS SPECIAL PERSON IS:							PLEASE LIST ANY "ACTIVATIONS" OR "TRIGGERS" WHICH MAY ESCALATE AN ENCOUNTER; WHAT ACTIONS SHOULD BE AVOIDED BY FIRST RESPONDERS?							
<input type="checkbox"/> SENSITIVE TO LIGHT <input type="checkbox"/> LIKELY TO HIDE <input type="checkbox"/> SENSITIVE TO TOUCH <input type="checkbox"/> LIKELY TO FIGHT <input type="checkbox"/> AFRAID OF POLICE/UNIFORMED PPL <input type="checkbox"/> VERBAL ABUSE <input type="checkbox"/> VIOLENT <input type="checkbox"/> SUBJECT TO SEIZURES														

RESPONSIBLE PARTY COMPLETING THIS FORM

LAST		FIRST		MI		DATE OF BIRTH			RELATIONSHIP				
ADDRESS		STREET			CITY		STATE	ZIP	HOME PHONE		CELL	WORK	
I affirm all the above is true to the best of my ability and understand that this information will be maintained for 2 years from the date of entry pursuant to Illinois Public Act 096-0788 and by volunteering to participate in the Illinois Premise Alert Program, I (or person listed) will not be afforded preferential treatment. Riverwoods Police will contact me at the end of 2 years to check if I wish to continue in the program													
Signed: _____							Date: _____						
SEE BACK FOR EMERGENCY CONTACT INFORMATION													

EMERGENCY CONTACT:			
LAST	FIRST	MI	RELATIONSHIP
ADDRESS			PHONE HOME CELL
EMERGENCY CONTACT:			
LAST	FIRST	MI	RELATIONSHIP
ADDRESS			PHONE HOME CELL
EMERGENCY CONTACT:			
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EMERGENCY CONTACT:			
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ADDRESS			PHONE HOME CELL

<p>RIVERWOODS POLICE USE ONLY: ____ New Applicant ____ Updated Info ____ Renewal</p> <p>Date Received _____ Entered in CAD by _____ Date/Time _____</p> <p>Copy Faxed to FD by _____ Date/Time _____</p>
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