Illinois Premise Alert Program (PAP)
Enrollment Form

New   **Change Information**   **Remove**
(Circle one)

Name: _____ Date of Birth: _____

Residential Address: _____Apt #__

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: (if applicable)
_____

Address: _____

City: _____State: _____ Zip: _____

Phone: _____

Educational Facility: (if applicable)
_____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Special Needs:
_____
_
_____
_____

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 shall be the responsibility of the

undersigned to notify the Public Safety Agency 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:
_____