



# Village of Tinley Park Emergency 911 Center Premise Alert Form

Print Form

EMAIL

Name of Person \_\_\_\_\_ Date of Birth \_\_\_\_\_

Does the person live alone?  yes  no

Location of bedroom or likely place to find person  
in the residence at night. \_\_\_\_\_

Is he/she likely to wander off?  yes  no

If yes, known places person will frequent \_\_\_\_\_

Has the person ever been known to become combative?  yes  no

Name of Resident Owner \_\_\_\_\_

Resident Address \_\_\_\_\_

Phone # \_\_\_\_\_ Resident Cell # \_\_\_\_\_

Location of spare key  
(if applicable) \_\_\_\_\_

Nearest person's name & phone holding key \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Requested Hospital \_\_\_\_\_

List of Medications

List of Medication Allergies

Where medications are Posted.  
(i.e. refrigerator, cabinet door, etc) \_\_\_\_\_

DNR Form?  yes  no      Where are papers located? \_\_\_\_\_

Power of Attorney \_\_\_\_\_ Phone # \_\_\_\_\_

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Emergency 911 Center  
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***Types of Special Needs: Please check all that apply.***

Breathing Problems

Chronic Obstructive Pulmonary Disease

Asthma

Tuberculosis

Tracheostomy

Apnea Monitor

Cystic Fibrosis

Heart Problems

Congestive Heart Failure

Cardiac

Pacemaker/Defibrillator

Muscular Dystrophy

Hodgkin's Disease

Seizures/Epilepsy

Mental Disability

Dementia

Alzheimer

Schizophrenia

Bi-Polar

Down's Syndrome

Amputee

Paraplegic

Quadriplegic

Cancer

What Type: \_\_\_\_\_

Allergies: (i.e. bee stings, shellfish, peanuts)

What Type: \_\_\_\_\_

Other Special Needs (Please be specific)

What Type: \_\_\_\_\_

Stroke

Autistic

Physical/Mental Handicap

Parkinson's Disease

Hypertension

Arthritis

Obesity

Communicable Disease

Blood Disorder

Deaf/Hard of Hearing

Blindness

Mute/Aphasic

Diabetic

Uses Insulin Pump

Uses a Walker

Uses a WheelChair

Bedridden

Oxygen Use at Home

Ventilator Use at Home

Heart Blood Pump (LVAD)

Non-Verbal

Acquired Brain Injury

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I understand the information given above is intended to offer guidance and provide assistance to responders in aiding those people with special needs or disabilities in the performance of their duties. This information will be kept on file for a period of 2 years. We will contact you at that time to ensure that all above information is still correct. 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 Tinley Park 911 Command Center 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 Tinley Park 911 Command Center to enter this information into the Premise Alert Program (PAP) database.

Print Name \_\_\_\_\_ Relationship; \_\_\_\_\_  
email address \_\_\_\_\_ Type of Form     New     Revised  
Date \_\_\_\_\_ Signature \_\_\_\_\_

Please return completed form to Tinley Park 911 Command Center, 7850 W. 183<sup>rd</sup> St., Tinley Park, IL 60477    Attn: Jane Flowers

Or e-mail to [jflowers@tinleypark.org](mailto:jflowers@tinleypark.org)

EMAIL

Print Form

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**## FOR OFFICIAL USE ONLY##**  
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Date entered: \_\_\_\_\_

Employee Name \_\_\_\_\_

Next Review Date \_\_\_\_\_