



## HUNTLEY FIRE PROTECTION DISTRICT

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11118 Main Street Huntley, Illinois 60142  
P 847-669-5066 F 847-669-0139

# Premise Alert Program



The Huntley Fire Protection District is proud to announce the implementation of an exciting new program designed to assist you and/or your loved ones in the event of an emergency. On August 28, 2009, Senate Bill 2057 - The Illinois Premise Alert Program (PAP) Act was approved and incorporated in the State of Illinois legislative law. State legislators recognized the need to ensure that consistently high levels of public safety services are available to all members of the state, including citizens who may require special consideration in order to access services. The purpose of the program is to assist and direct the public safety workers who are responding and assisting citizens who may have disabilities or special needs. If you would like to read a copy of the act, it can be accessed on the HFPD internet site at [www.huntleyfpd.org](http://www.huntleyfpd.org) or on the Illinois General Assembly's web page at:

[http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3159&ChapAct=430%26nbsp%3BILCS%26nbsp%3B132%2F&ChapterID=39&ChapterName=PUBLIC+SAFETY&ActName=Illinois+Premise+Alert+Program+\(PAP\)+Act](http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3159&ChapAct=430%26nbsp%3BILCS%26nbsp%3B132%2F&ChapterID=39&ChapterName=PUBLIC+SAFETY&ActName=Illinois+Premise+Alert+Program+(PAP)+Act).

### **How can this program benefit you or someone you care about?**

The Illinois Premise Alert Program (Public Act 96-0788) provides for Public Safety Agencies in the State of Illinois to allow people with special needs to provide information to Police, Fire and EMS personnel to be kept in a database. The information can then be provided to responders dealing with situations involving a special needs person.

The notification expires two years after the date it was submitted. You may update or renew it at any time by filing a new form.

### **How can you enroll yourself or a loved one in this program?**

The HFPD Premise Alert Program Form can either be downloaded from the district's website at [www.huntleyfpd.org](http://www.huntleyfpd.org), or by picking it up in person at the Fire District Administrative Office. Complete the form and return it to the Huntley Fire Protection District, 11118 Main St., Huntley, IL 60142.



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☐ New

☐ Change of Information

☐ Remove Information

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Both of the following sections **must** be completed.

Special Medical Needs:

Emergency Access Information:

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, whether public or private, 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 Huntley Fire Protection District 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 McHenry County Emergency Telephone System Board to enter this information into the Premise Alert Program (PAP) database.

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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