



Daniel L. Greathouse  
CHIEF OF POLICE

## City of Waukegan

DEPARTMENT OF POLICE  
420 Robert V. Sabonjian Place, Waukegan, Illinois 60085  
(847) 599-2500

ROBERT G. SABONJIAN  
MAYOR

### **ILLINOIS PREMISE ALERT PROGRAM**

The Illinois Premise Alert Program (Public Act 96-0788) allows people with special needs to provide information to police, fire, and EMS first responders to be stored in a database for use in an emergency situation. This information can then provide valuable guidance and direction to the first responders which will assist in meeting the needs of these individuals.

The provided information will be kept confidential and will be used only to provide first responders with the information needed to effectively deal with situations or emergencies involving a special needs person. The information will expire two (2) years after the date submitted and will no longer be maintained in the database thereafter unless such information is renewed by the submitting party.

Participation in the program will not result in any type of preferential treatment to special needs or disabled individuals. Furthermore, the Act provides that the City of Waukegan, its Police Department, and/or any other responding agency will not be held liable for duties relating to the reporting of special needs or disabled individuals.

Any special needs person(s) who maintain a TTY/TDY device will automatically be contacted in the event of any telephone notification regarding general informative information or localized emergency normally transmitted via the City of Waukegan's Connect-CTY program. This contact will be initiated regardless of enrollment in the Premise Alert Program.

The Illinois Premise Alert Program defines;

**"Special Needs Individuals" as; "those individuals who have, or are 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."** Examples include, deafness, blindness, autism, mobility issues, inability to communicate, special medical needs, or any condition that may affect the needs of the individual with regard to interaction with first responders.

**"Disability" as; "means an individual's physical or mental impairment that substantially limits one or more of the major life activities; a history of such impairment; or when the individual is regarded as having such an impairment."**

To participate in the program an individual, parent, guardian, family member, or caregiver must complete a Waukegan Police Department Premise Alert Program Enrollment Form. Once completed, the form must be returned to the Waukegan Police Department, 420 Robert V. Sabonjian Pl, Waukegan, IL 60085. Forms are available at the Waukegan Police Department or online at [www.waukeganweb.net](http://www.waukeganweb.net)

*"ACCREDITATION RECOGNIZES PROFESSIONAL EXCELLENCE"*

# **CITY OF WAUKEGAN PREMISE ALERT PROGRAM ENROLLMENT FORM**

The information provided by you below will only be used to provide emergency personnel with the information needed to deal with situations and emergencies involving special needs or disabled individuals. The information may be updated or renewed at any time by completing a new form. The City of Waukegan shall not be subject to civil liabilities related to the reporting of special needs or disabled individuals. The following information will not result in any type of preferential treatment to the individual. This notification expires two (2) years after the date submitted.

NEW                       UPDATE / CHANGE                       RENEWAL                       REMOVE

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

Residential Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: Illinois Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Place of Employment (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Educational Facility (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please List Special Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand the information given above is intended to offer guidance and provide assistance to responders in aiding those individuals with special needs or disabilities in the performance of their duties. Presenting this information will not entitle me to or result in any form of preferential treatment. This information will be kept confidential for a period not to exceed two (2) years. After two (2) years, a renewal must be completed to maintain this information. It shall be the responsibility of the undersigned to notify the Waukegan Police Department in writing of any changes to this information as soon as those changes are known. This information may be relayed to responding public safety personnel via two-way radio, telephone, computer, or other method available. The undersigned hereby verifies the above person has a physical or mental impairment, or has an increased risk for a chronic physical, developmental, behavioral, or emotional condition who also requires health and related services beyond those required by individuals generally. The undersigned is the above named individual, a family member, friend, caregiver, or medical professional familiar with the individual and his/her needs. By signing, I certify I have read and understand this form in its entirety and hereby give permission to the Waukegan Police Department to enter this information into the Premise Alert Program database.

Print Name: \_\_\_\_\_ Relationship to above: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax to:   Waukegan Police Department  
                    420 Robert V. Sabonjian Place  
                    Waukegan, Illinois 60085  
                    Fax: 847-360-9164