www.specialmomsnetwork.com

Special Needs Person on Premises Alert Form

Once completed please send a copy to each of the four entities in your local community below to ensure that all possible responders have been notified.

FIRE DEPARTMENT
ATTENTION:

_____

_____

AMBULANCE RESCUE
ATTENTION:

_____

_____

POLICE DEPARTMENT
ATTENTION:

_____

_____

TOWN HALL
ATTENTION:

_____

_____

This form is to assist possible emergency agencies in responding to an emergency situation that a member of your household with a disability may experience.

For example, people with autism, psychiatric disorders, physical disabilities, sensory impairments (hearing or vision), dementia or other complex medical issues which require special handling of equipment may wish to register.

The first responders will then have the necessary information at their disposal in order to better assist those persons during the emergency. Emergency dispatchers and emergency response personnel will be aware, in advance, of information you feel they would need to know about people with disabilities in your household in the event of an emergency.

Responding to this questionnaire is purely voluntary.

You may choose to respond on behalf of all of your household members or only certain household members. If you choose to respond to this questionnaire, please be sure to provide your signature on the last page. (Your signature gives us the permission we need to process this information - without it the information cannot be processed.)

Your answers to the following questions will assist personnel when they are responding to an emergency or other call from your home, in identifying and/or assisting you, or a person in your household who has a disability.

1. Head of Household / Parent / Caregiver : (18 years of age or older)

NAME _____

AGE ____ M F

NAME _____

AGE ____ M F

ADDRESS _____

(APT.) _____TOWN_____, NY (ZIP) _____

2. Telephone Numbers:

HOME _____WORK_____

CELLPHONE_____ EMAIL _____

3. Does any member of your household have a disability / medical condition? (Fill in blanks and Check all that apply)

NAME_____AGE____DOB___/___/___
mo day yr

Race _____ Sex ☐ Male ☐ Female Height _____ Weight _____

Eye Color _____ Hair Color _____ Scars/Identifying marks _____

☐ Blind
☐ Low vision
☐ Deaf
☐ Hard of hearing
☐ Communication
☐ Mentally Delayed
☐ Mental Illness
☐ Autism
☐ Physical Disability
☐ Seizure
☐ Other:_____

NAME_____AGE____DOB___/___/___
mo day yr

Race _____ Sex ☐ Male ☐ Female Height _____ Weight _____

Eye Color _____ Hair Color _____ Scars/Identifying marks _____

☐ Blind
☐ Low vision
☐ Deaf
☐ Hard of hearing
☐ Communication
☐ Mentally Delayed
☐ Mental Illness
☐ Autism
☐ Physical Disability
☐ Seizure
☐ Other:_____

NAME_____AGE____DOB___/___/___
mo day yr

Race _____ Sex ☐ Male ☐ Female Height _____ Weight _____

Eye Color _____ Hair Color _____ Scars/Identifying marks _____

☐ Blind
☐ Low vision
☐ Deaf
☐ Hard of hearing
☐ Communication
☐ Mentally Delayed
☐ Mental Illness
☐ Autism
☐ Physical Disability
☐ Seizure
☐ Other:_____

4. Is he/she likely to wander off? ☐ Yes ☐ No

5. Location of bedroom in home: ☐ 1st Floor ☐ 2nd Floor ☐ 3rd Floor ☐ Other_____

☐ Northeast ☐ Southeast ☐ Northwest ☐ Southwest ☐ Other_____

6. Fill out the following if applicable:
Any flammable or combustible medical equipment in home and where?

Any prescription medication or emergency medical equipment required once person is removed from home?

Favorite location in home where they may be found other than bedroom:

Atypical behaviors or characteristics that may be presented:

Favorite toys, objects or discussion topics (likes, dislikes):

Approach, calming or de-escalation techniques most likely to work:

Method of communication, if nonverbal, iPad, sign language, picture board, written words:

Identification information: Do they carry or wear identifying jewelry, tags, ID card etc:

Sensory issues, if any:

7. Please use the space below to provide any additional information you feel emergency responders should be aware of in order to more effectively respond to an emergency situation in your household.

IMPORTANT: By signing this questionnaire, I acknowledge that the information provided above was done so voluntarily for the sole purpose of assisting possible emergency responders, through their 911 system and emergency response personnel, to more effectively respond to a potential emergency in or near my household. I also understand that providing this information does not entitle me or anyone in my household to preferential treatment, nor will it result in a more timely response by emergency response personnel. It is simply an attempt to provide emergency response personnel with information, which may be helpful when providing service to residents or occupants of my home.

Signature
Head(s) of Household _____Date_____

_____Date_____