

MACOMB POLICE DEPARTMENT PREMISE ALERT PROGRAM  
PERSONS WITH DISABILITY-EMERGENCY INFORMATION ENROLLMENT FORM

**Please Attach a Current Photo**

Please Print Legibly

New Information

Update/Renewable Information

Remove Information

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

Sex: M F Race: Nat-Amer Asian Blk Wht Hisp Other

Current Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home/Cell phone: \_\_\_\_\_

School/Employer \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary Disability: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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

Address: \_\_\_\_\_ Home/Cell Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Method of Communication:**

**Atypical Behavior or Characteristics that might attract attention:**

**Sensory, Medical, Dietary Issues:**

**Approach and De-Escalation Techniques:**

**Favorite Objects or Discussion Topics:**

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. It will be the responsibility of the undersigned to notify the Macomb Police Department in writing of any changes to this information as soon as those changes are known. I understand that the information provided will be entered into a premise file in CUSHING-CAD database in the compliance with the Premise Alert Program (PAP) database and 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 that 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 Macomb Police Department to enter this information into the Premise Alert (PAP) database and retain the enclosed phone on file.

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

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