

Champaign County Emergency Response Premise Alert Program

Basic Information

First, Middle, Last Name: _____

Nickname: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Preferred Language: _____

Physical Information

Date of Birth: _____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Physical Identifiers:

Disability Information

Primary Concern/Disability: _____

Medical Condition Info: _____

Physical Condition Info: _____

Mental Condition Info: _____

Other/additional conditions: _____

Method of Communication: _____

Atypical Behavior: _____

Approach Techniques: _____

De-escalation Techniques: _____

Discussion Topics: _____

Evacuation Information

Bedroom Location: _____

Sensory, Medical, Dietary Issues: _____

Other Evac Info: _____

Please Circle Yes or No:

Will this person need assistance evacuating residence?	Yes	No
Will a caregiver/spouse/companion accompany this person?	Yes	No
Are there any service animals to evacuate with this person?	Yes	No
Does this person have evacuation transportation?	Yes	No

Uses Wheelchair	Yes	No	Bedridden	Yes	No
Contagious Disease	Yes	No	Oxygen	Yes	No
Medical Electricity Equipment	Yes	No	Non-English Speaker	Yes	No
Mental Illness	Yes	No	Visually Impaired	Yes	No
Deaf/Hard of Hearing	Yes	No		Yes	No

Contacts:

Name: _____

Relationship: _____ Phone: _____

Address: _____

Name: _____

Relationship: _____ Phone: _____

Address: _____

Return completed form to:

METCAD

Mail: **1905 East Main Street, Urbana, IL 61802**

Fax: **217-384-7003**

Email: **pap@metcad911.org**

Phone: **217-265-4110** for questions