

# Premises Alert System Enrollment Form For Students Living on Campus

The Drexel Department of Public Safety is providing the Drexel community with information and enrollment assistance in the *Philadelphia Premises Alert System*.

Students who live within the city limits of Philadelphia and who have impairments or disabilities may wish to register with the Premises Alert System and Drexel CAD System to receive specialized care during emergencies. For example, students with autism, psychiatric disorders, physical disabilities, sensory impairments (hearing or vision), or other complex medical issues which require special handling of equipment may wish to register. Please complete this form as the "Head of Household" where indicated. The first responding officers will then have all the necessary information at their disposal to better assist those students during the emergency.

Once a student has completed the Premises Alert System registration form (attached), the form should be sent to the Department of Public Safety where designated staff will review and process the information. The student's on-campus address will be entered into the Drexel CAD System, so that all on-campus responders are made aware of the pertinent information during any emergency in that building. The appropriate staff of residence halls are also contacted and informed of the specific emergency-related needs of each of their residents. The Department of Public Safety will then send the Philadelphia Premises Alert System form to the Police Department of Philadelphia so the information can be entered into the city-wide system.

This information will be removed from our files periodically, therefore this form must be re-submitted by the student every year <u>or</u> whenever a change in residence is made to ensure that our files remain accurate.

Please note: It is not required that students be registered with the Office of Disability Resources ("ODR") to access this service. However, should any student at the university wish to receive accommodations due to a disability, requests must be made to ODR. 215.895.1401 (Phone), 215.895.2299 (TTY), 215.895.1402 (Fax), <u>disability@drexel.edu</u>

Please return all forms to the Department of Public S	afety, 3201 Arch Street, Suite 350. If you have any questions or concerns,
please contact either of the individuals listed below.	

Maurizio DeLisi	Caneshia Bailey
Director of Clery Compliance	Director of Communications
Department of Public Safety	Department of Public Safety
215-895-0368	215-895-0258
md594@drexel.edu	cts58@drexel.edu

Name:	
Email Address:	
On-Campus Address:	
My contract with University Housing expires on:	

#### PHILADELPHIA POLICE DEPARTMENT

## PREMISES HISTORY

### **AMERICANS WITH DISABILITIES ACT APPLICATION FORM**

This form is to assist the City of Philadelphia in more effectively responding to an emergency that a member of your household with a disability may experience. Please complete the following voluntary questionnaire and return it by mail or drop it off at the nearest Police District. If you choose to respond, the information will be submitted to the Philadelphia Police Department's CAD system for use by Philadelphia's 911 dispatchers. The purpose is to ensure that 911 dispatchers and emergency response personnel are aware, in advance, of any 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.) In addition, this information will be removed from our files periodically therefore this form must be submitted every two (2) years to ensure our files are accurate.

Please notify Police Radio Training at 215-685-3940 if there is any change to the information you provide. (i.e. change of address, phone number, etc.)

### QUESTIONS

This form is available in large print and Spanish. Please call (215)685-3940

Si necesita una copia en espanol, por favor llamar al (215) 685-3940.

Your answers to the following questions will assist police, fire, or medical 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 / or Agency: (18 years of age or older) NAME
 AGE
 GENDER

 NAME
 AGE
 GENDER

 NAME
 AGE
 GENDER

 ADDRESS
 APT.
 PHILADELPHIA,PA (ZIP)

 2. Telephone Numbers:
 DAY
 EVENING

 CELL PHONE
 TTY/TDD

EMAIL







#### **3.** Does any member of your household have a disability?

(Fill in blar	nks and Circle all th	nat apply)				
Name						
Age	Date of Birth	Date of Birth(month/day/year)				
Race	Gender	Height	t Weight			
Eye Color	Hair Color	Scars	or Identifying Marks			
CHECK ALL THA	AT APPLY:					
Blind Vis	sion Impaired	Deaf	Hard of Hearing			
Communication	n Intellectual/D	evelopmental Disa	bility			
Seizure Me	ental Health	Autism	Physical Disability	Other:		
Name						
Age Date of Birth(month/day/year)						
Race	Gender	Height	t weight			
Eye Color	Hair Color	Scars	or Identifying Marks			
CHECK ALL THA	AT APPLY:					
Blind Vis	sion Impaired	Deaf	Hard of Hearing			
Communication	n Intellectual/D	evelopmental Disa	bility			
Seizure Me	ental Health	Autism	Physical Disability	Other:		
4. Including yo	ou, how many adul	ts and children live	e in your household?			

Adults Children

5. Is the person likely to wander off? Yes No







**6.** Fill out the following about the person in question:

Any prescription medication or emergency medical treatment needed?

Favorite attraction or locations where they may be found:

Atypical behaviors or characteristics that may attract attention: Favorite

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

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

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

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

Sensory or dietary preferences or concerns (i.e. allergies or triggers):

**7.** Please use the space below to provide any additional information you feel that the Philadelphia Police or Fire Department should be aware of in order to more effectively respond to an emergency situation in your household. Is there a key holder to your property or someone to be notified in case of an emergency?

**IMPORTANT**: By signing this questionnaire, I acknowledge that the information provided above was done so voluntarily for the sole purpose of assisting the Police and Fire Departments, 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 of Household
 Date:

 Head of Household
 Date:

 Please mail the completed form to:
 Date:

Philadelphia Police Department Attn: Police Radio Training Communications Division, Room 212 Philadelphia, PA 19106

If you have any questions about this form, please call Police Radio Training at 215-685-3940 and 215-685-3941 215-686-3106 (TDD/TTY) or email <u>police.radio\_training@phila.gov</u>