

PHILADELPHIA POLICE DEPARTMENT
PREMISE HISTORY - ADA (DISABILITY) INFORMATION FORM

This form is to assist the City of Philadelphia in more effectively responding to an emergency situation 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 into 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 that our files are accurate.

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

QUESTIONS

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 _____ M F

NAME _____ AGE _____ M F

ADDRESS _____

(APT.) _____ PHILADELPHIA, PA (ZIP) _____

2. Telephone Numbers:

HOME() _____ WORK() _____

CELLPHONE () _____ TTY/TDD () _____

PAGER/BEEPER () _____ EMAIL _____

**This form is available in large print, audio-cassette. Braille and Spanish
Si necesita una copia en espanol, por favor llamar al (215) 685-3940.**

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
 Mental retardation 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
 Mental retardation Mental Illness Autism Physical Disability
 Seizure Other: _____
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Name _____ Age ___ DOB ___ / ___ / ___
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Race _____ Sex: Male Female Height _____ Weight _____

Eye Color _____ Hair Color _____ Scars/Identifying marks _____

- Blind Low vision Deaf Hard of hearing Communication
 Mental retardation Mental Illness Autism Physical Disability
 Seizure Other: _____
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4. Do you live alone?

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

6. Fill out the following:

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 issues, if any:

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 sovoluntarily 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 (s) of Household _____ **Date** _____

_____ **Date** _____

**Please Mail Completed Form to:
Philadelphia Police Department
Attn: Police Radio Training
Communications Division Room 213
Franklin Square
Philadelphia, PA 19106**

**If you have any questions about this form, please call:
Police Radio Training at (215) 685-3940 (voice) or
(215) 685-3944 (fax) or (215) 685.3943 (TDD/TTY)
police_radio_training@phila.gov (EMAIL)**