



Premise 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 Premise Alert System**.

Students who live within the city limits of Philadelphia and who have impairments or disabilities may wish to register with the Premise Alert System and Drexel Cad System in order 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. The first responding officers will then have all the necessary information at their disposal in order to better assist those students during the emergency.

Once a student has completed the Premise 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 Premise 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 or 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 Services ("ODS") in order to access this service. However, should any student of the university wish to receive accommodations due to a disability, requests must be made to ODS. 215.895.1401 (Phone), 215.895.2277 (TTY), 215.895.1402 (Fax), disability@drexel.edu

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

Maurizio DeLisi Clery Compliance/Data Analyst Department of Public Safety 215-895-0368 md594@drexel.edu	Joseph Spera Director of Operations Department of Public Safety 215-895-1564 jjs326@drexel.edu
---	---

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

PHILADELPHIA POLICE DEPARTMENT

PREMISE HISTORY - ADA (DISABILITY) APPLICATION 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 _____

-OVER-

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: _____

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: _____

4. Do you live alone? Yes No

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 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 (s) of Household _____

Date _____

Date _____