



Person With Disability Emergency Information Instructions

Attached to this cover sheet is the Person With Disability Emergency Information form. Below, please find instructions for completing this form, as well as answers to commonly asked questions.

INSTRUCTIONS:

1. The form must be completed in its entirety by a parent, guardian or person with power of attorney.
2. **Two** recent photos should be attached to the form. (The photo can be of any size, but must show a clear view of the persons face.)
3. This form must be turned in by a parent, guardian or person with power of attorney to the front desk at either the Champaign Police Department or Urbana Police Department.
4. For any questions, please contact either of the following individuals:

Champaign Police Department Renae Yandell Police Services Unit Supervisor (217) 351-4545 renae.yandell@champaignil.gov	Urbana Police Department Paige Bennett Behavior Health Detective (217) 328-8282 bennetpl@urbanaininois.us	Champaign County Sheriff's Office Lucy Favila Data Analyst 217 384-1204 lom43597@co.champaign.il.us
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FREQUENTLY ASKED QUESTIONS:

1. **How did this system come about?** *The Autism Society of Illinois and The C-U Autism Network collaborated with the Cities of Urbana and Champaign to create a system for individuals with specific need to be noted in information systems utilized by first responders. The purpose was to create a method to provide critical information to emergency responders in the event of a crisis.*
2. **Why is this important?** *A first responder may come into contact with an individual in need of specialized assistance on an emergency call or a call reporting a missing person. Using this form, the first responder will have access to critical information about the individual that can help in providing them with assistance. Also, having a photo on file provides for quick access when someone is missing and potentially endangered.*
3. **Is this information confidential?** *Yes, all files will be kept in a secure area at local police departments and will not be accessible to the public. The information will only be accessed in an emergency situation and will not be used for any other purpose.*
4. **Do I have to update this information?** *Yes, preferably every year. However, if the agencies are not contacted every two years, the information will be purged from all records.*
5. **What if I decide that I no longer want to have this information on file?** *Simply contact the police department at the number above and request that this information be deleted. An officer will need to briefly meet with you in-person to verify that the person who signed the form is the same person requesting that the information be deleted.*

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PERSON WITH DISABILITY-EMERGENCY INFORMATION

Please print legibly and attach two current photos

Name: _____
Last First Middle

Nickname: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: ____ Zip Code: _____ Phone: (____) _____

School/Employer: _____

Address: _____

City: _____ State: ____ Zip Code: _____ Phone: (____) _____

Primary Disability: _____

DESCRIPTION

Race: _____ Sex: m f Height: _____ ft _____ in Weight: _____ lbs

Hair: _____ Eyes: _____

Special Identifiers (scars/ marks/ tattoos/piercing): _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian(s): _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: (____) _____ Cell/Work Phone: (____) _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Emergency Contact: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Home Phone: (____) _____ Cell/Work Phone: (____) _____



PERSON WITH DISABILITY-EMERGENCY INFORMATION

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, _____, parent/guardian of above-named individual, give the Champaign Police Department, Urbana Police Department, and the Champaign County Sheriff's Office permission to keep this photo and information regarding my son/daughter for emergency purposes only.

I understand that:

- My child's name will be entered into the TYLER RMS system with an alert added to their name.
- My child's name will be entered into a premise file in TYLER CAD Database.
- The information contained herein is for the CPD, UPD, CCSO's internal information ONLY and can be accessed by members of Law Enforcement.
- It is my responsibility to update the above information on an annual basis, and provide it to either the Champaign / Urbana Police Departments, and the Champaign County Sheriff's Office.
- If I fail to update this information for a period of more than two years, all records will be removed.

(Parent/Guardian Signature)

_____/_____/_____
(Date)