



**Grundy County Sheriff's Department  
111 E. Illinois Avenue  
Morris, Illinois 60450**

**Grundy County Sheriff's Police Lost Alert Program**

On behalf of the men and women of the Grundy County Sheriff's Department, I am proud to announce the implementation of the Grundy County Sheriff's Police Lost Alert Program. This program is designed to help members of the Sheriff's Department locate a missing child or adult who has **developmental disabilities** or a **higher-than-usual risk** of wandering off or becoming lost.

With information provided by parents, guardians and caretakers, the Grundy County Sheriff's Police will have instant availability to a person's information file. This file will contain the person's name, photo, address, contact information and any other useful information that may assist in locating them as quickly as possible. Within seconds of being notified, police can begin a search without losing valuable time trying to collect information. The forms will be distributed with the assistance of local schools, senior communities, the Morris Hospital, and will be available on-line at the Grundy County Sheriff's Department web site. (<http://www.grundyco.org/departments/sheriff>)

This program is voluntary to parents, guardians, family members and caretakers of children or adults with special needs who they feel may wander or become lost. All information will be kept completely confidential, with no access to anyone other than law enforcement personnel, used only for locating a missing person. There is no cost for the program and the information can be removed at any time.

The members of the Grundy County Sheriffs Department are proud to make this public service available to our citizens. Our hope is that this program will never be needed to locate a lost child or adult, however; we are excited about the ability to further protect our citizens and provide such a valuable service.

Sincerely,

A handwritten signature in black ink that reads "Ken Briley".

Ken Briley  
Sheriff of Grundy County

*Full Name of Individual Submitting this form:* \_\_\_\_\_  
*Address & Phone # of Individual submitting form:* \_\_\_\_\_  
*Relationship to Person form is being submitted on behalf:* \_\_\_\_\_

**GRUNDY COUNTY SHERIFFS DEPARTMENT  
ALERT REQUEST FORM  
PERSON SPECIFIC INFORMATION FOR FIRST RESPONDERS**

Individual's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

**Individual's Current Physical Description:**

Male \_\_\_\_\_

Female \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Scars or other Identifying Marks: \_\_\_\_\_

**Relevant Medical Conditions:**

Blind  Deaf  Non-Verbal  Physical Disability  Dementia

Developmental Disability  Intellectual Disabilities

Severe Mental Health Disorders such as Schizophrenia or Psychotic Disorders

Autism  Prone to Seizures  Alzheimer's disease  Acquired Brain Injury

Other Relevant Medical Conditions, area for further explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HIV/AIDS IS NOT CONSIDERED A RELEVANT MEDICAL CONDITION FOR PURPOSES OF THIS FORM. UNDER NO CIRCUMSTANCES SHOULD INFORMATION RELATED TO AN INDIVIDUAL'S HIV/AIDS STATUS BE DISCLOSED ON THIS FORM BY ANYONE.** \*\* The name of the individual described on this form may be left off for reasons of privacy or confidentiality, such as in situations involving group homes, foster-care homes, or supportive living arrangements, one may simply enter the first name of the individual

to protect confidentiality. (That will not affect the acceptance or further processing of the information on this form.)

Prescription Medications Needed: \_\_\_\_\_

Sensory or dietary issues, if any: \_\_\_\_\_

Additional information First Responders may need: \_\_\_\_\_

\_\_\_\_\_

Does the individual live alone? \_\_\_\_\_

Is he/she likely to wander off? \_\_\_\_\_

Location of bedroom or likely place to find individual in the household/ residence at night: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Name of Emergency Contact (Parents/ Guardians, Head of Household/ Residence, Spouse or Care Providers: \_\_\_\_\_

Emergency Contact's Address: \_\_\_\_\_

Emergency Contact's Phone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

TTD/ TTY: \_\_\_\_\_

**Name of Alternative Emergency Contact:** \_\_\_\_\_

Alternative Emergency Contact's Address: \_\_\_\_\_

Alternative Emergency Contact's Phone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

TTD/ TTY: \_\_\_\_\_

Primary Care Physician: (Name and Phone #): (*will be used in extreme emergencies only*)

\_\_\_\_\_

### **INFORMATION SPECIFIC TO THE INDIVIDUAL**

Favorite attractions or locations where the individual may be found:

Does the individual drive? What is the color, make, model, year of the vehicle and license plate # of the vehicle the individual may likely be driving in?

Atypical behaviors or characteristics of the individual that may attract the attention of Responders:

Individual's favorite toys, objects, hobbies, discussion topics, like or dislikes:

Method of Preferred Communication. (If nonverbal: sign language, picture boards, written words, etc.)

Best way to approach the individual.

Identification information. (I.e. does the individual carry or wear jewelry, tags, ID card, medical alert bracelets, etc.)

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**IMPORTANT: Please review the following before completing, signing, and/ or submitting this Premise Alert Form:**

If you choose to respond, the information may be submitted and added to the local, city, county, or state police dispatch systems for Emergency Operations. The information provided on the form is protected and privileged for police use only, and cannot be accessed by Internet.

Also, parents/ guardians, head of household/ residences, care providers, or legal guardians, who participate in the database, should immediately after calling 911 in an emergency situation inform the dispatcher that the child/ teen/ adult is part of the Lost Alert database.

Responding to this form is voluntary. This form may be filled out by the individual living with the specified health challenges or disability, their parent/ guardian (in the case of a minor), assigned caregiver, or legal representative. If any individual or their representative chooses to use this form, they must provide their signature on the last page. (The signature of the person completing this form is required to process the information contained on the form.) Therefore, it is recommended that individuals or their representatives update and submit this form every year to ensure that files are kept updated and accurate.

Also, any child/ student shall be removed from the database at the written request of his or her parent/ guardians, head of household/ residence, care providers, or legal guardians.

**Required Acknowledgement and Signature/s of Individual/s Completing and Submitting this Premise Alert Form:**

By completing the Premise Alert Form, I acknowledge that the information provided herein is accurate and was submitted voluntarily for the sole purpose of assisting Police, Fire, and Emergency Response Departments in more effectively responding to a potential emergency in or near my household. I, therefore, authorize the use of this information for the purposes and to the maximum extent that I am empowered to do so, waive any claim in law and/or equity against any of the above mentioned responder(s) which I, or

\_\_\_\_\_ (the individual's name), or any of our representatives, descendants, or successors, might otherwise have arising from or related to the use or existence of the information provided herein. I understand that providing this information on the Premise Alert Form does not entitle me or anyone in my household, including \_\_\_\_\_ (the individual's name), to preferential treatment, including a more timely response by emergency response personnel. I also understand and agree that this information may be considered, only if the circumstances and exigencies confronting the police or other emergency responders permit. I also understand that if the information provided on the Premise Alert Form is considered, it may be considered along with all other relevant sources of information, and subject to proper police and emergency response procedures, when police, fire department or other emergency response personnel are responding to the residence of the individual for whom this form is being completed. Completion and submission of this form is simply an attempt to provide emergency response personnel with information that may be helpful when providing services to residents or occupants of my home, in or near my household.

*I hereby verify that the representations made herein are true and correct to the best of my knowledge, information and belief. I acknowledge that written false statements made herein are punishable by applicable Federal and State laws.*

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Date

**Official Use Only:**

**Purge date:** \_\_\_\_\_ **Police Intake date:** \_\_\_\_\_

**Police Intake Signature:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Category/ Description:** \_\_\_\_\_

**ATTACH RECENT  
PHOTO HERE:**

Date Photo was submitted:

( \_\_\_\_\_ )

**Please attach a clear and recent, front view photo, not more than a year old, if available. If you do not have one, the Grundy County Sheriff's Department will take the photo free of charge at your request.**



Photo submitted by: \_\_\_\_\_

Date photo taken: \_\_\_\_\_

*This form is a collaboration between the Grundy County Sheriffs Department, Chief Kevin McCarty, Susan R. Rzucidlo, The Philadelphia Police Department, other Law Enforcement entities, disability advocates, parent volunteers, educators, State and County Officials, and other interested parties. It is owned by SPEAK Unlimited Inc and is protected by copyright laws. Permission You are permitted and encouraged to reproduce and distribute this material in hardcopy or electronic form provided that you do not alter the wording in any way, you do not charge a fee beyond the cost of reproduction, you give credit to the original authors and receive written permission and approval from Chief Kevin McCarthy or Susan F. Rzucidlo if alterations or changes are being recommended form incorporation. More information on this program and additional resources can be found at [www.papremisealert.com](http://www.papremisealert.com).*

**Additional Information:**

Please provide any additional information you feel may be helpful or useful to emergency responders who may be responding to calls regarding the individual:

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