

INDIANA TOWNSHIP  
3710 Saxonburg Boulevard • Pittsburgh, PA 15238



POLICE DEPARTMENT  
Phone: 412-767-5333 Ext. 315 • Fax: 412-767-4042

## **PREMISE ALERT REQUEST FORM**

For Indiana Township Residents with Special Needs

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### **RESIDENTS:**

**Please complete, sign and date this PREMISE ALERT REQUEST FORM**

Give the completed form to the Indiana Township Police Department.

*IT IS RECOMMENDED THIS FORM BE UPDATED ANNUALLY TO ENSURE ACCURATE INFORMATION.*

Indiana Township Police Department  
Indiana Township Town Hall  
3710 Saxonburg Boulevard  
Pittsburgh, Pennsylvania 15238  
Phone: 412-767-5333, x 315  
Fax: 412-767-4042  
Email: [police@indianatownship.com](mailto:police@indianatownship.com)

**Indiana Township participates in Project Lifesaver,  
with the Allegheny County District Attorney's Office.**

For any information or additional questions regarding the Allegheny County Project Lifesaver Program contact Officer Joseph Vojtko at [jvojtko@indianatownship.com](mailto:jvojtko@indianatownship.com) or Chief Steven Colucci at [scolucci@indianatownship.com](mailto:scolucci@indianatownship.com)

REV. 06-22-2023

# Individual with Special Needs Information:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ Age: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Relationship to Individual: \_\_\_\_\_

Date form is being completed: \_\_\_\_\_

## PREMISE ALERT REQUEST FORM

### PERSON SPECIFIC INFORMATION FOR FIRST RESPONDERS:

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

Nickname(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Individual's Current Physical Description:

\_\_\_\_ Male \_\_\_\_ Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

Scars or Identifying marks: \_\_\_\_\_

### RELEVANT MEDICAL CONDITION(S): *circle all applicable to individual*

*Visually Impaired*                      *Hearing Impaired*                      *Non-verbal*                      *Physically challenged*

*Developmentally Challenged*                      *Autism*                      *Mental Health Challenges*

*Diabetes*                      *Seizures*                      *Dementia*                      *Brain Injury*

OTHER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRESCRIPTION MEDICATIONS:** \_\_\_\_\_

**SENSORY OR DIETARY ISSUES:** \_\_\_\_\_

ADDITIONAL INFORMATION FIRST RESPONDERS MAY NEED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this individual live alone? \_\_\_\_\_ Is he/she likely to wander off? \_\_\_\_\_

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

Does this individual avoid eye contact/physical contact? \_\_\_\_\_  
\_\_\_\_\_

Best way to communicate with individual? \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

**Name of Emergency Contact (Parents/Guardians, Head of Household/Residence or Care Provider(s):** \_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT'S ADDRESS: \_\_\_\_\_

County: \_\_\_\_\_ Township/Municipality: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**ALTERNATIVE EMERGENCY CONTACT:**

ALT. EMERGENCY CONTACT'S ADDRESS: \_\_\_\_\_

County: \_\_\_\_\_ Township/Municipality: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Responding to this form is voluntary.** This form may be filled out by the individual living with the specified health challenge, their parent/guardian (in the case of a minor), assigned caregiver, or recognized representative. If an individual or their representative chooses to use this form, they must provide their signature below (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 representative update and submit this form every year to ensure that files are kept updated and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

# INFORMATION SPECIFIC TO THE INDIVIDUAL

Favorite attractions or location where the individual may be found:

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

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Individual's favorite toys, food, objects, topic of discussion, likes/dislikes: \_\_\_\_\_

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

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Identification Information: Does this individual carry or wear jewelry, tags, ID card, medical alert bracelet/necklace, etc.):

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Fears, phobias, triggers, if any:

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Any other information you feel is important to share with First Responders: \_\_\_\_\_

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