



# Centre County 9•1•1 Emergency Communications Residential Emergency Response (Alert) Safety Profile

Willowbank Building ★ 420 Holmes St., Bellefonte, PA 16823 ★ 814-355-8109

Fax: 355-6776 email Barbara at: bcberenty@centrecountypa.gov

This information will be used when responding to emergencies at your residence. 911 Dispatchers may relay this information electronically, or by radio, to police officers, paramedics, firefighters or other emergency personnel. It will only be used during an emergency at the address listed below. A valid email address, phone number and signature are required in order to enter this data into our System. NOTE: This profile will expire in 12 months.

Borough or Township: \_\_\_\_\_

Lock Box/Entry Code:

Name of Person or Patient: \_\_\_\_\_ Approximate

age: \_\_\_\_\_

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

Phone Numbers (include Area Codes): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Do you have a service animal? Yes  No Service Animal's name & breed: \_\_\_\_\_

Email Address to be used during the review process: \_\_\_\_\_

If no email, what mailing address is to be used for Review Process? \_\_\_\_\_

### SPECIAL NEEDS CHECKLIST

- Sight Impaired
- Hearing Impaired
- Speech Impaired
- Dementia/Alzheimers
- Autism
- MHID
- Manual Wheelchair
- Completely Bedridden
- Bariatric (Over 400 lbs)

**\*SPECIFIC or UNIQUE INSTRUCTIONS FOR RESPONDERS. DO NOT LIST MEDICATIONS OR PHYSICIANS.**

*(Example: requires constant skilled nursing care; OR non-verbal, understands/communicates by Ipad )*

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

I have independently made the determination the information on this form is beneficial to me and my family for emergency purposes. I authorize emergency personnel to have this data. I understand my completing this profile is entirely voluntary, and that I can revoke this release of information at any time. It is my responsibility to provide Centre County 9•1•1 in writing with updates or changes. I concede this information will be reviewed and verified in (6) months via email. If I do not reply in writing during the review process, my alert will automatically be discontinued. Furthermore, I understand I am to renew my alert annually, with a new form. Neither Centre County 911, Centre County Government, nor any government entities or their employees or subcontractors, are liable for any loss or damage resulting from the good faith, exercised by them, of their discretion to use - or not use - the provided information.

I have read and agree to the principles listed above. The information I have provided in this form is true and accurate to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ Phone: \_\_\_\_\_