



# 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 shared with responders during an emergency at the address listed below. Completing this form, and providing the personal information it includes, is entirely voluntary. A valid email address, phone number & signature are required in order to enter this data into our Alert System.

Borough or Township: \_\_\_\_\_ Entry Code:  Type: door / lockbox / garage

Name of Person/Owner or Patient: \_\_\_\_\_ Approximate age: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_ **\*\*NOTE: Dispatch does not contact family about 911 calls.**

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 REGARDING SPECIAL NEEDS PERSONS:

*(Example:s constant skilled nursing care required; pR non-verbal, communicates by lpad ; or key location info*

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

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 form 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 acknowledge 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 notice will automatically be discontinued and removed from record. If I wish to renew my alert, I will need to submit a new form annually. 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: \_\_\_\_\_