



MIAMI COUNTY SHERIFF'S OFFICE

209 S. PEARL STREET PAOLA, KS 66071

913-294-3232

FAX: ADMINISTRATION & RECORDS 913-294-9118 • COMMUNICATIONS 913-285-6606 • JAIL 913-294-9547

FRANK W. KELLY
SHERIFF

MATTHEW P. KELLY
UNDERSHERIFF

MIAMI COUNTY SHERIFF'S PREMISE ALERT PROGRAM

VOLUNTARY NOTIFICATION REGISTRATION FORM

The Miami County Sheriff's Premise Alert Program is a voluntary and confidential program that alerts first responders of any considerations and/or special needs of an individual that might help when responding to a call for service. The program gives individuals with special needs, mental health conditions or other disabilities, their families and caregivers the opportunity to alert Miami County first responders (law enforcement agencies, emergency medical services and fire departments) to specific needs or challenges that may be encountered during an emergency or other response, before it happens.

This form can be completed by:

- Individuals who have special needs, mental health illness/disorder(s), and/or other disabilities
- Parents or legal guardians of minor children (up to age 18) who have special needs, mental health illness(es)/disorder(s), and/or other disabilities
- Those with legal guardianship for an individual who has special needs, mental health illness(es)/disorder(s), and/or other disabilities*
- Those with lawful power of attorney for an individual who has special needs, mental health illness(es)/disorder(s), and/or other disabilities*
- Current foster care parents of a child living within their residence who has special needs, mental health illness(es)/disorder(s), and/or other disabilities (child's name not required)
- A family member living at the residence of a person with special needs, mental health illness(es)/disorder(s), and/or other disabilities

*Proof of legal guardianship/lawful power of attorney is required **if this form is completed for a person who does not live with you**. Submit a copy of the documentation with this form.

Completed Premise Alert Voluntary Notification Registration Forms will be kept in a secure and confidential manner as a hard copy paper document by the Sheriff's Communications Division for twelve months. Division personnel will notify the person who completed the form (preferred contact) on an annual basis via the Everbridge Alert System. To keep the information on file, the preferred contact will need to complete a new form with current information. If after three failed attempts to contact the preferred contact, the information will be removed from the notification system.

"Serving and Protecting the Citizens of Miami County since 1855"

FREQUENTLY ASKED QUESTIONS (FAQ'S)

How does a Premise Alert work?

- A. When Dispatch receives a call related to the address listed on a form, the information on the form may be provided to the first responders by radio to assist their evaluation and response.

What is the lifespan of this form?

- A. The form will be destroyed one year from the date submitted and may be destroyed earlier upon written request of the primary contact. Due to the nature of use for this form, any information released prior to revocation of this form cannot be retroactive.

What if my information changes?

- A. If at any point information needs to be changed, updated, and/or removed, please submit a new form, and check mark "✓" the type of request needed at the top of the form (New Registration, Change Information, Remove Information, Renewal).

What is the Everbridge Alert System?

- A. Everbridge is an emergency notification service that allows emergency officials to notify residents and businesses by telephone, cell phone, text message, email, and social media regarding time-sensitive, general, and emergency notifications.

Do I need to enroll in the Everbridge Alert System?

- A. The Everbridge database contains information from public databases, including regional phonebooks, however, no resident or business should assume that their information is in the system. It is recommended to still register online at, <https://member.everbridge.net/431700047822998/login>, or call the Miami County Sheriff's Office at 913-294-3232 to register over the phone.

Is the Everbridge Alert System a requirement for this program?

- A. Yes. The Everbridge Alert System is the platform used to communicate with residents regarding their registration with the Premise Alert Program.

May I submit a photo to accompany the Registration Form?

- A. Yes! A recent photo would be helpful to first responders in the event of an emergency. Please feel free to attach/upload a photo.



Last Name, First Name of Individual Date of Birth

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Select One: New Update/Change Information Renewal Remove Information

Person Completing Form: _____

Relationship to Individual: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____

Individual-Specific Information for First Responders

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Address: _____

Individual's Current Physical Description:

Gender: Male _____ Female _____ Other _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Race:

- African American/Black
- American Indian or Alaskan Native
- Asian
- Caucasian/White
- Native Hawaiian or Other Pacific Islander

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Please list any scars, tattoos, and/or other identifying markings:

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Relevant Medical Conditions (Please select all that apply):

- Acquired Brain Injury Autism Blind Deaf Dementia Developmental Disability Diabetes
 Intellectual Disability Mental Health Challenges Non-Verbal Physical Disability Prone to Seizures

Please list any diagnosed conditions below:

Please select any of the following that apply:

- History of Violent Behavior Lives Alone Lives with Others
 History of Aggressive Behavior Fearful of Police Children in the Home
 Guns on Premise Fearful of Member of Opposite Sex
 History of Substance Use/Misuse (if checked, please explain below):

Current Prescription Medications (If more space is needed, then attach a copy of it to this form):

Sensory or dietary issues, if any:

Is this Individual likely to wander off? No Yes

If yes, please list location(s) of significance: _____

Additional information that may be helpful to Miami County first responders:

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

Emergency Contact Information

Primary Emergency Contact:

First Name: _____ Last Name: _____

Primary Phone: _____ Work/Alternate Phone: _____

Address: _____

Apt/Suite: _____ City: _____ State: _____ Zip: _____

Relationship to the Individual: _____

Secondary Emergency Contact:

First Name: _____ Last Name: _____

Primary Phone: _____ Work/ Alternate Phone: _____

Address: _____

Apt/Suite: _____ City: _____ State: _____ Zip: _____

Relationship to the Individual: _____

My signature below constitutes an affirmation that I am the individual person named above, or I am one of the following for the individual person named above for whom I have provided information:

- Parent or guardian of minor child named above
- Person with legal guardianship of individual person named above*
- Person with lawful power of attorney for person named above*
- Current foster care parent of child living within the residence (child's name not required)
- A family member living at the residence of a person who has mental illness

**Proof of guardianship/lawful power of attorney is required if this form is completed for a person who does not live with you.*

Further, my signature below affirms the following:

- I consent to have this information entered into the Sheriff's Computer-Aided Dispatch (CAD) system and agree that it may be utilized by and shared among law enforcement/first responder personnel in the ordinary course of their duties;
- I consent to having my contact information recorded into the Everbridge Alert System by the Miami County Sheriff's Communications Division, if I have not already done so;

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- I understand the Miami County Sheriff and area first responders will do their best to preserve the confidentiality of this information, but confidentiality cannot be guaranteed and that I have no expectation of privacy for myself or the person described herein, for the information I am providing;
- I understand that the Sheriff has no obligation to utilize this information, and that there is no guarantee that it will be utilized, when responding to calls for service;
- I understand when Dispatch broadcasts information over the radio it may be heard by others, it is not secure and could be intercepted;
- I understand by providing this information, while it may be helpful to first responders, it no way guarantees how, if, or when law enforcement or other first responders will respond to calls for service at the address provided;
- I understand providing this information does not guarantee or imply any specific action or disposition by law enforcement;
- I understand that I can withdraw this information at any time with written request.

Printed Name: _____

Signature: _____ Date: _____

Attach Most Recent Photo Here:

