



# Bradley Police Department

## Special Needs Awareness Program



The Blue Envelope  
Program

### WAIVER

With the recent passing of PA 96-0788 and Senate Bill 2057 PSAP's with CAD systems are required to maintain a database which will allow notification to emergency responders of persons with special needs. Important sections of the Act are noted below:

#### Section 5. Purpose.

It is the policy of the State of Illinois to ensure that consistently high levels of public safety services are available to all members of the State, including people who may require special consideration in order to access services. This program shall seek to afford people with disabilities or special needs or both the same access to public safety services provided to all citizens. It is the intent of this program to offer guidance and direction to public safety workers in responding to and assisting those people with special needs or disabilities or both with whom they will have contact in the performance of their duties and responsibilities. The ability to effectively deal with special needs individuals is enhanced with knowledge or information. The ability to identify special needs individuals, their places of employment, educational facilities, and residences are valuable resources in instances when or if an emergency response by law enforcement or fire protection personnel or both are needed.

#### Definitions. As used in this Act:

**"Disability"** means an individual's physical or mental impairment that substantially limits one or more of the major life activities; a record of such impairment; or when the individual is regarded as having such an impairment.

**"Special needs individuals"** means those individuals who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by individuals generally.

#### Section 25. Confidentiality.

The information gathered as part of PAP shall remain strictly confidential. The information shall be used only to provide assistance to emergency medical and police responders. No public safety worker shall knowingly violate this confidentiality clause. Citizens who believe their health privacy rights have been violated may file a complaint with the U.S. Department of Health and Human Services (DHHS) via the Office of Civil Rights (OCR).

#### Section 35. Citizen advisory.

Citizens electing to participate in PAP must be advised that the provision of special needs information will not result in preferential treatment.

#### What you should know:

This information is only available to the dispatcher when the address you provide the dispatcher when calling 9-1-1 matches the address(es) you provide on the registry.

If you move, you must update this information with our office.

If you have VOIP telephone service you must be sure the information in that system is correct.

If you are calling from a cellular phone and not able to provide us the address provided on this form, we may not be able to pass this information along to the responding units.

I understand that participation in PAP will not result in preferential treatment. I understand that this data will only be retained for a period of two years from the date of signature. I understand that I will be responsible for providing updates should there be changes prior to the two-year entry period. A statement provided by the individual, family member, friend, caregiver or medical personnel familiar with the individual identifying and

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

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