

Township of Lower Makefield
POLICE DEPARTMENT
1100 Edgewood Rd.
Yardley PA 19067

PHONE: 215-493-4055
FAX: 215-493-2653

EMERGENCY MANAGEMENT SPECIAL NEEDS LIST Premise Information (PIN) Application

Premise Information gives responding Emergency Services (Police, Fire, Medical, Emergency Management), special information regarding person(s) inside the residence, and/or certain information about the residence itself to assist the responding agencies to assist the special needs person. Please fill out all the information about the special needs person, and any information about the residence that may that may needed by the responding agencies to correctly assist the resident.

ADDRESS:
RESIDENT NAME:
RESIDENT PHONE:
REASON FOR PIN: (NAME, AGE, NATURE OF CONDITION)
LENGTH OF TIME FOR THE PIN TO BE IN EFFECT (list actual time frame, or write 'PERMANENT' if there is no time limit of the condition)
WHERE THEY ARE LOCATED IN RESIDENCE, DAYTIME :
WHERE THEY ARE LOCATED IN RESIDENCE, NIGHTTIME :
PROBLEMS OR SITUATIONS:
AUTHORITY: LOWER MAKEFIELD TWP. POLICE DEPARTMENT



EMERGENCY MANAGEMENT SPECIAL NEEDS LIST

Premise Information (PIN) Application

INSTRUCTION SHEET

Premise Information gives responding Emergency Services (Police, Fire, Medical and Emergency Management), special information regarding person(s) inside the residence, and/or certain information about the residence itself to help the responding agencies to assist the special needs person.

ADDRESS, RESIDENT NAME, RESIDENT PHONE: Please list the precise Lower Makefield address of the special needs person, including any building indicator, apartment number or letter. List the special needs resident's full name. List the special needs person's home phone, and if applicable, cell phone number.

REASON FOR PIN: (NAME, AGE, NATURE OF CONDITION): Please list the exact condition (physical, medical, mental), and why this condition needs special attention by emergency responders. Please also note if the special needs person is a live-alone person, or only needs assistance if the family is not at home at the time of the emergency. Also list any medical apparatus the person may be using, or need to use.

LENGTH OF TIME FOR THE PIN TO BE IN EFFECT (list actual time frame, or write 'PERMANENT' if there is no time limit of the condition). Some special needs are temporary in nature (short term injury, illness, disability) and unfortunately, some are permanent in nature. Please list some type of time frame if it is not a permanent condition, and write in 'PERMANENT' if it is so.

WHERE THEY ARE LOCATED IN RESIDENCE, DAYTIME / NIGHTTIME: Please list where in the residence the special needs person would most likely be found, both in the daytime hours and overnight hours. Note which floor and use 'front' or 'rear' of home when possible. For example, 'family room, first floor, front', 'bedroom end of hall, rear of home'.

PROBLEMS OR SITUATIONS: List here, any other information that will be needed, or would be useful to emergency personnel. Note if your house is on one street, but the driveway on another. Note hidden keys to enable entry to the home. List any person's phone number to be notified in case of an emergency at the home.

