



COEUR D'ALENE FIRE DEPARTMENT

PREMISE HISTORY - ADA (DISABILITY) FORM

This form is to assist the Coeur d'Alene Fire Department in more effectively responding to an emergency situation that a member of your household with a disability may experience. Please complete the following voluntary questionnaire and return it by mail, or drop it off at the following location.

CDA Fire Department's Administrative Office 300 E Foster Ave., CDA, ID. 83814

If you choose to respond, the information will be submitted into the Kootenai County 911 CAD system for use by Coeur d'Alene's 911 dispatchers. The purpose is to ensure that 911 dispatchers and emergency response personnel are aware, in advance, of any information you feel they would need to know about people with disabilities in your household in the event of an emergency. Responding to this questionnaire is purely voluntary. You may choose to respond on behalf of all of your household members or only certain household members. If you choose to respond, please be sure to provide your signature on the last page. *(Your signature gives us the permission we need to process this information - without it the information cannot be processed.)* Failure to complete this form will not affect the timeliness or quality of emergency response.

In addition, this information will be removed from our files periodically therefore this form must be submitted every two (2) years to ensure that our files are accurate.

QUESTIONS

Your answers to the following questions will assist police, fire or medical personnel when they are responding to an emergency or other call from your home, in identifying and/or assisting you, or a person in your household who has a disability.

1. Head of Household / Parent / Caregiver / or Agency: (18 years of age or older)

NAME _____ AGE _____ M ___ F ___

NAME _____ AGE _____ M ___ F ___

ADDRESS _____

(APT.) _____ CITY Coeur d'Alene (ZIP) _____

2. Telephone Numbers:

HOME () _____

WK () _____ CELLPHONE () _____

TTY/TDD () _____ PAGER/BEEPER () _____

EMAIL _____

3. Emergency Contact:

NAME _____ Relationship _____

ADDRESS _____

HOME () _____ WK () _____

CELLPHONE () _____

4. Does any member of your household have a disability / medical condition?

(Fill in blanks and Check all that apply)

Name _____ **Age** _____ **DOB** _____ **Race** _____

Sex Male Female Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars/Identifying marks _____

Blind ___ Low vision ___ Deaf ___ Hard of hearing ___ Communication ___

Intellectual Disability ___ Mental Illness ___ Autism ___ Physical Disability ___ Seizure ___

Other: _____

Name _____ **Age** _____ **DOB** _____ **Race** _____

Sex Male Female Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars/Identifying marks _____

Blind ___ Low vision ___ Deaf ___ Hard of hearing ___ Communication ___

Intellectual Disability ___ Mental Illness ___ Autism ___ Physical Disability ___ Seizure ___

Other: _____

Name _____ Age _____ DOB _____ Race _____

Sex Male Female Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars/Identifying marks _____

Blind _____ Low vision _____ Deaf _____ Hard of hearing _____ Communication _____

Intellectual Disability _____ Mental Illness _____ Autism _____ Physical Disability _____ Seizure _____

Other: _____

5. Do you live alone? Yes _____ No _____

6. Is he/she likely to wander off? Yes _____ No _____

7. Fill out the following and identify the person(s) to whom it is applicable:

Any prescription medication or emergency medical treatment needed?

Favorite attraction or locations where they may be found:

Atypical behaviors or characteristics that may attract attention:

Favorite toys, objects or discussion topics (likes, dislikes):

Approach, calming or de-escalation techniques most likely to work:

Method of communication, if nonverbal, sign language, picture board, written words:

Identification information: Do they carry or wear identifying jewelry, tags, ID card etc.:

Sensory or dietary issues, if any:

Please use the space below to provide any additional information you feel that the CDA Fire Department should be aware of in order to more effectively respond to an emergency situation in your household.

Is there a key holder to your property or someone to be notified in case of an emergency?

IMPORTANT: By signing this form, I acknowledge that the information provided above was done so voluntarily for the sole purpose of assisting the Police and Fire Departments, through their 911 system and emergency response personnel, to more effectively respond to a potential emergency in or near my household. I also understand that providing this information does not entitle me or anyone in my household to preferential treatment, nor will it result in a more timely response by emergency response personnel. It is simply an attempt to provide emergency response personnel with information, which may be helpful when providing service to residents or occupants of my home.

Signature Head (s) of Household _____ Date _____

_____ Date _____

Please Mail Completed Form to:

Attention: Dispatch

Coeur d'Alene Fire Department 300 E. Foster Ave., Coeur d'Alene, ID. 83814

Or Scan and email to avaladez@cdaid.org

If you have any questions about this form, please call the CDA Fire Department
(208) 769.2340 (voice) or (208) 769-2343 (fax)