



## Behavioral Health Premise Alert



The purpose of the "Behavioral Health Premise Alert" is to provide responding law enforcement officers and other first responders with information which may assist them in their responses and investigations to calls for service.

Enrollment is voluntary and the information provided will be submitted and added to law enforcement dispatch systems. Enrollment can be made by:

- Individuals who have a behavioral health issues
- Parents or guardians of minor children who have a behavioral health issues
- Those with legal guardianship for another who has a behavioral health issues\*
- Those with lawful power of attorney for another who has a behavioral health issues\*
- Current foster care parents of child living within premise who has a behavioral health issues (The child's name is not required)
- A family member or caregiver living at the premise of a person who has behavioral health issues

Information provided in the Behavioral Health Premise Alert Voluntary Early Notification Registration Form will be scanned by the Topeka Police Department and kept electronically.

When dispatch receives a call about the address listed on the form, the information that was provided on the form will be provided to first responders by radio to assist them in their responses and investigations to calls for service.

The information will be maintained by the Topeka Police Department for three months. At the end of three months, the Police Department will contact the provider of the information to confirm the information is still accurate and if they wish to continue in the program. In the event the provider of the information wants to change or remove the information from the premise alert before the three month period ends, they must contact the Topeka Police Department at: (785) 207-2942).

Premise Alert notification systems are a best practice utilized by law enforcement agencies across the United States. Premise Alerts play a major role in keeping those with behavioral health issues, their family members, first responders, and other citizens of the community safe.

If after three months, the Topeka Police Department cannot reach the provider of the information at the phone number listed, the information will be deleted from the Computer Aided Dispatch system.



## Behavioral Health Premise Alert



### Voluntary Early Notification Registration Form

Purpose: Provide responding law enforcement officers and other first responders with information which may assist them in their responses and investigations to calls for service.

**Completing this form is voluntary.** The information provided may be submitted and added to the Shawnee County Emergency Communication Center (SCECC).

This form can be completed by:

- Individuals who have a behavioral health issues
- Parents or guardians of minor children who have a behavioral health issues
- Those with legal guardianship for another who has a behavioral health issues\*
- Those with lawful power of attorney for another who has a behavioral health issues\*
- Current foster care parents of child living within premise who has a behavioral health issues (The child's name is not required)
- A family member or caregiver living at the premise of a person who has behavioral health issues

*\*Proof of guardianship/lawful power of attorney is required if this form is completed for a person who does not live with you. Copy and submit documents will not be returned.*

*\*\*Is the person with behavioral health issues aware this form is being completed on their behalf: \_\_\_\_\_Yes \_\_\_\_\_No\*\**

Information provided in the Behavioral Health Premise Alert Voluntary Early Notification Registration Form, hereafter referred to as "Premise Alert," will be scanned and stored electronically by Topeka Police Department.

When SCECC receives a call about the address listed on the form, the information on the form may be provided to the responding law enforcement officers/and or other emergency responders to assist them in their responses and investigations to calls for service.

The information will be maintained by the Police Department for **three months**. At the end of three months, the Topeka Police Department will contact the provider of the information to confirm its accuracy and consent to continue to keep the information. In the event the provider of the information wants to change or remove this form before the three month period ends, they must contact the Topeka Police Department at (785) 368-9512. If after three months, the Topeka Police Department cannot reach the provider of the information at the phone number listed, the information will be deleted from the Computer Aided Dispatch system.

By signing the last page, you confirm understanding that the Topeka Police Department and responding officers will do the best they can to preserve confidentiality; however, when dispatch broadcasts information over the radio, it may be heard by others. It is not secure and could be intercepted.



# Behavioral Health Premise Alert



Today's Date \_\_\_\_\_

1. Do you/your loved one have a behavioral health issues or history of behavioral health issues?

Yes \_\_\_ No\_\_ (Do not complete form if answered "no.")

Please **PRINT** responses

2. Name of person who has a behavioral health issues: \_\_\_\_\_  
\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Please describe the behavioral health issues. (Please print clearly and briefly as possible.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Behavioral Health Premise Alert



3. Contact Information: *(Two contacts may be listed; however, listing one person is preferred. Further, if this form is being completed by an individual other than the person named above, the individual completing this form is the preferred contact.)*

Please **PRINT** responses

**Primary Contact:**

Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship to person with behavioral health issues: \_\_\_\_\_

**Secondary Contact:**

Name: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Relationship to person with behavioral health issues: \_\_\_\_\_

4. Please check if any of the following apply:

- |   |   |
|---|---|
| <input type="checkbox"/> History of Violent Behavior    | <input type="checkbox"/> Aggressive Pets in Home            |
| <input type="checkbox"/> History of Aggressive Behavior | <input type="checkbox"/> Live Alone                         |
| <input type="checkbox"/> History of Substance Abuse     | <input type="checkbox"/> Live with Others                   |
| <input type="checkbox"/> Guns on Premise                | <input type="checkbox"/> Fearful of Police                  |
| <input type="checkbox"/> Children in the Home           | <input type="checkbox"/> Fearful of Members of Opposite Sex |
| <input type="checkbox"/> Served in the Military         |   |

5. Please check if any of the following suggestion(s) would be preferred if you/your loved one is contacted:

- Call Valeo crisis line  
 Call person(s) listed as contact  
 Send a CIT trained officer, if possible  
 Other \_\_\_\_\_



# Behavioral Health Premise Alert



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

- Parent or guardian of minor child named above
- Person with legal guardianship of person named above\*
- Person with lawful power of attorney for person named above\*
- Current foster care parent of child living within premise (the child's name is not required)
- A family member or caregiver living at the premise of a person who has behavioral health issues

***\*\*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 necessary Computer-Aided Dispatch systems and agree that it may be shared among law enforcement personnel;
- I understand the Police Department and first responders will do the best they can to preserve confidentiality, but they cannot guarantee confidentiality;
- 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 providing this information **in no way guarantees how law enforcement will respond** to calls for service at the address provided;
- I understand providing this information **does not guarantee or imply any specific actions or disposition** by law enforcement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship to person with behavioral health issues \_\_\_\_\_

**How to submit this form:**

- Mail:** Topeka Police Department  
Crisis Intervention Team (CIT)  
320 S. Kansas Ave., Suite 100  
Topeka, KS 66603
- Fax:** (785) 368-9458  
Please send to the attention of CIT