

# "Fire Safety Solutions for Oklahomans with Disabilities" Smoke Alarm Application

Date of Application: \_\_\_\_\_

To participate in this program, you must

- Answer all questions, on both the front and back sides of this form
- Be an Oklahoma resident with a hearing, visual, or mobility impairment
- Provide proof of your disability (letter from doctor, medical provider, audiologist, professional, etc.)
- NOT live in an institutional facility (dorm, nursing home, etc.)

## Applicant (Person with a disability) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Md. Initial: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email address: \_\_\_\_\_ Is Email a good way to contact you?  Yes  No

Date of Birth: \_\_\_\_\_  Male  Female

## Contact Person \_\_\_\_\_

Please provide a **contact person** if you need assistance with scheduling the smoke alarm installation.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Md. Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Did someone prepare this application for you?  No  Yes, \_\_\_\_\_ [name]

Preparer's Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

## Residence \_\_\_\_\_

Check the answer to the following questions. Your answers will help us know which smoke alarm meets your need.

1. Type of residence:

- One family
- Multi-family
- Apartment
- Mobile home

3. Number of levels (stories) in the home:

- One
- Two
- Three or more

5. In what room or area does the person with a disability sleep?  
\_\_\_\_\_

2. Is this your permanent residence?

- Yes
- No

4. How many people live in the household?  
\_\_\_\_\_

6. Number of smoke alarms currently in the home:

- Zero
- One
- Two
- Three or more

Please turn over and complete the other side of this application

7. Is there at least one smoke alarm on every level of the home?

- Yes  
 No

8. If no, which level(s) does not have a smoke alarm?

\_\_\_\_\_

9. Is there at least one smoke alarm near all sleeping areas?

- Yes  
 No

## Disability

1. Check the **PRIMARY** and **SECONDARY** disability for which you need the alarm.

If you do not have a secondary disability, continue with the next question.

### PRIMARY:

- Deaf  
 Hard of Hearing  
 Blind  
 Visually Impaired  
 Mobility Impaired

### SECONDARY:

- Deaf  
 Hard of Hearing  
 Blind  
 Visually Impaired  
 Mobility Impaired

2. Primary Language:

- English  
 American Sign Language (ASL)  
 Other:  
\_\_\_\_\_

4. If you selected deaf or hard of hearing, do you have a seizure disorder that might be triggered by a strobe light?

- Yes  
 No

3. If you selected deaf or hard of hearing as your primary or secondary disability, what is your situation regarding an interpreter when an installer comes to your home?

- I do not need an interpreter.  
 I have someone who can interpret for me.  
 I need an interpreter. Please provide one for me at no charge.

5. What is your preferred format for home fire safety messages?

- Standard Print  
 Large Print  
 Braille  
 Audio Tape  
 CD  
 DVD in American Sign Language  
 VHS in American Sign Language

After your smoke alarm is approved, you will be contacted to arrange a time for installation.

What is the best way to contact you?

- Phone—List the phone number where we can call you Monday-Friday 8:00 am - 5:00 pm  
Phone: \_\_\_\_\_ TTY?  Yes  No Video Phone  Yes  No  
 Email—Email address: \_\_\_\_\_  
 Contact Person as listed above

Mail or fax this completed application and your proof of disability to:

Oklahoma ABLE Tech, Smoke Alarm Application  
OSU-Seretean Wellness Center, 1514 W Hall of Fame, Stillwater, OK 74078  
Fax: 405-744-2487

Any questions, please call 405-744-9748 (V/TDD) or toll-free 888-885-5588 (V/TDD)