

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

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

## To participate in this program, you must

- 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 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

## Person Preparing this Application \_\_\_\_\_

If different than applicant, please complete the following section

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

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

### 1. Type of residence:

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

### 2. Is this your permanent residence?

- Yes
- No

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

- One
- Two
- Three or more

### 4. How many people live in the household?

\_\_\_\_\_

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

\_\_\_\_\_

### 6. Number of smoke alarms currently in the home:

- Zero
- One
- Two
- Three or more

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

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

**Primary Language:**

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

**If you are visually impaired or blind, do you need documents provided in an alternative format?**

- Yes
- No

If yes, which format do you prefer? Please specify: \_\_\_\_\_

**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 the services of an interpreter.
- I have someone who can interpret for me.
- I need an interpreter, provide one for me.

**What is your preferred format, for home fire safety messages?**

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

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

- Yes
- No

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

What is the best way to reach you? Phone:  Yes  No

Please list the phone number where we can call you Monday-Friday 8:00 am - 5:00 pm

Phone: \_\_\_\_\_ TTY?  Yes  No

Email:  Yes  No Email address: \_\_\_\_\_

Mail this completed application & your proof of disability to:

**Oklahoma ABLE Tech, Smoke Alarm Application, OSU-Seretean Wellness Center, 1514 W Hall of Fame, Stillwater, OK 74078**

*Any question, please call 405-744-9748 or toll free at 888-885-5588.*