



**Will you be alerted in time to escape if you have a fire?**

# Free Smoke Alarms and Alert Equipment for Oklahomans with a Disability\*

## \*Who Is Eligible?

Oklahomans of all ages with a documented disability of:

- deaf
- hard of hearing
- blind
- low vision
- use of a mobility device

To qualify, applicants must have a professional attest to their disability as part of their completed application.

## For Contest in Each Region Only

Submit applications to:

**Debbie Tuttle at Fire Service Training**

**Phone:** 800.304.5727

**Fax:** 405.744.5727

**Email:** [dtuttle@osufst.org](mailto:dtuttle@osufst.org)

Complete the application on the back.

## Oklahoma ABLE Tech

1514 W. Hall of Fame  
Stillwater, OK 74078

**Phone:** 888.885.5588 (v/tty)

**Fax:** 405.744.2487

**Email:** [abletech@okstate.edu](mailto:abletech@okstate.edu)

*Contest runs until each region has a winner.*



The Oklahoma Assistive Technology Foundation (OkAT) has been awarded a grant from the U.S. Department of Homeland Security, Federal Emergency Management Agency (FEMA) to install smoke alarms and alert equipment in the homes of individuals with a disability.\* OkAT partners with Oklahoma ABLE Tech, Fire Protection Publications, and Fire Service Training at Oklahoma State University to offer this free program to Oklahomans.

## Program Features:

- Installation of smoke alarms and alert equipment in the home
- For people who are hard of hearing: includes a bedside alert with a very loud, low-frequency audio signal and bed shaker will be installed. Plus, for people who are deaf a smoke alarm with strobe light will also be installed
- Help planning a customized home fire escape plan
- Assistance with a home safety survey to prevent fires, falls, and accidental poisonings



## “Fire Safety Solutions” Smoke Alarm Application

### To participate in the program, you must:

- Answer all questions on this application;
- Have a professional attest to the disability (see “Proof of Disability”) signature line below
- Be a resident of Oklahoma;
- NOT live in an institutional facility (dorm, nursing home, etc.).

### Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Is email a good way to contact you?  Yes  No Date of Birth: \_\_\_\_\_

### Contact Person

Please provide a Contact Person if you need assistance with scheduling the smoke alarm installation.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Did the Contact Person assist you with this application?  Yes  No

### Additional Information

Please check the answer to the questions below. Your answers will tell us the type of equipment that best meets your needs.

- | 1. Type of Residence                | 2. Primary Disability                 | 3. Primary Language           | 4. Preferred Format of Support Materials |
|-------------------------------------|---------------------------------------|-------------------------------|--|
| <input type="radio"/> Single Family | <input type="radio"/> Deaf            | <input type="radio"/> English | <input type="radio"/> Standard           |
| <input type="radio"/> Multi-Family  | <input type="radio"/> Hard of Hearing | <input type="radio"/> ASL     | <input type="radio"/> Electronic         |
| <input type="radio"/> Apartment     | <input type="radio"/> Blind           | <input type="radio"/> Other   | <input type="radio"/> Braille            |
| <input type="radio"/> Mobile Home   | <input type="radio"/> Low vision      |                               | <input type="radio"/> Large print        |
|                                     | <input type="radio"/> Mobility        |                               | <input type="radio"/> Audio              |

### Proof of Disability

As proof of disability - a professional may attest that you have a qualifying disability with their signature below.

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**Signature**


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**Title**

**Mail, fax, or email completed application to: Debbie Tuttle at Fire Service Training for Contest, or**

Oklahoma ABLE Tech, c/o Smoke Alarm Application, 1514 W. Hall of Fame, Stillwater, OK 74078-2026

FAX: (405) 744-2487 / EMAIL: abletech@okstate.edu

Questions? Contact us at (405) 744-9748 (v/tty) or toll-free (888) 885-5588 (v/tty).

For Internal Use Only: Installer Assigned \_\_\_\_\_

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