

Date of Application _____

"Fire Safety Solutions" Smoke Alarm Application

To participate in the program, you must:

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

Applicant Information

Last Name: _____ First Name: _____

Installation Address: _____ Date of birth: _____
STREET ADDRESS MO/DAY/YEAR

CITY ST ZIP

Mailing Address (if different from above) _____
STREET ADDRESS

CITY ST ZIP

Primary Phone: _____ Alternative Phone: _____

Email Address: _____ Is email a good way to contact you? Yes No

Contact Person *(please provide information for a Contact Person if you need assistance with scheduling the smoke alarm installation.)*

Last Name: _____ First Name: _____

Primary Phone: _____ Alternative Phone: _____

Email Address: _____ Did the Contact Person assist you with this application? Yes No

Additional Information *(please check the answer to the questions below. Answers help us select the best equipment for your needs.)*

1. Type of Residence

- Single Family
- Multi-Family
- Apartment
- Mobile Home

2. Primary Disability

- Deaf
- Hard of Hearing
- Blind
- Low Vision
- Mobility

3. Primary Language

- English
- ASL
- Other

4. Preferred Format of Support

- Standard
- Electronic
- Braille
- Large print
- Audio

Proof of Disability *(as proof of disability - a professional may attest that you have a qualifying disability with their signature below.)*

SIGNATURE

TITLE

Mail, fax, or email this completed application to:

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)