



**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.

## How Do You Apply?

Submit your application online at: [www.okabletech.org/community/fire-safety](http://www.okabletech.org/community/fire-safety)

-or-

Complete the application found on the back side of this flyer and send to Oklahoma ABLE Tech by mail, fax, or email.

## Oklahoma ABLE Tech

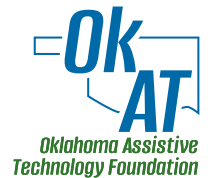
1514 W. Hall of Fame  
Stillwater, OK 74078

Phone: 800.257.1705 (v/tty)

Fax: 405.744.2487

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

Program available while supplies last.



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, and Fire Protection Publications at Oklahoma State University to offer this free program to Oklahomans.

## Program Features:

- Installation of smoke alarms and alert equipment in the home
- Alert equipment will include a bedside unit with a loud, low-frequency signal and a bed shaker; and in some homes, a smoke alarm with a strobe light to alert individuals who are deaf in the event of a fire
- Help with planning a home fire escape map
- A home safety checklist to help lessen risks in and around your home; and information to help prevent fires, falls, and accidental poisonings.



How did you hear about us? \_\_\_\_\_

Date: \_\_\_\_\_

## "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.)*

- |  |  |                                  |                                       |
|--|--|----------------------------------|---------------------------------------|
| <b>1. Is anyone in the home a veteran?</b> | <b>2. Primary Disability</b>             | <b>3. Primary Language</b>       | <b>4. Preferred Format of Support</b> |
| <input type="checkbox"/> Yes               | <input type="checkbox"/> Deaf            | <input type="checkbox"/> English | <input type="checkbox"/> Standard     |
| <input type="checkbox"/> No                | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> ASL     | <input type="checkbox"/> Electronic   |
|  | <input type="checkbox"/> Blind           | <input type="checkbox"/> Other   | <input type="checkbox"/> Braille      |
|  | <input type="checkbox"/> Low Vision      |                                  | <input type="checkbox"/> Large print  |
|  | <input type="checkbox"/> Mobility        |                                  | <input type="checkbox"/> 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 (800) 257-1705 (v/tty)