



FIRE SERVICE TRAINING



Free Smoke Alarms and Alert Equipment for Oklahomans who are Hearing Impaired

Who Is Eligible?

Individuals of all ages with a documented hearing impairment (deaf or hard of hearing), who reside in Oklahoma.

To qualify, applicants must provide proof of disability along with their completed application.

How Do You Apply?

Submit your application online at:
www.okabletech.okstate.edu

-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: 888.885.5588 (v/tty)

Fax: 405.744.2487

Email: 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 who are deaf or hard of hearing. 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:

- Install smoke alarms and alert equipment in the home
- Equipment will include a bed shaker and very loud, low-frequency bedside alert signal; and, in some homes, a strobe light to alert individuals who are deaf in the event of a fire
- Plan a home fire drill
- Assist with a home safety survey to prevent fires, burns, falls, and other common home injuries

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;
- Provide proof of your hearing impairment (signature from a doctor, medical provider, audiologist, etc.); and
- NOT live in an institutional facility (dorm, nursing home, etc.).

Applicant Information

Last Name: _____ First Name: _____

Street/Mailing Address: _____

City: _____ County: _____ Zip: _____

Phone

Home: _____ Work: _____ Cell: _____

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: _____

Phone

Home: _____ Work: _____ Cell: _____

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

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

2. Primary Disability

- ☐ Deaf
- ☐ Hard of Hearing

3. Primary Language

- ☐ English
- ☐ ASL
- ☐ Other

Proof of Hearing Impairment

As proof of disability - a professional may attest that you have a hearing loss 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).

For Internal Use Only: Installer Assigned _____

Jan. 2015