



**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.okstate.edu](http://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](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, 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
- 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
- Help with planning a home fire drill
- Assistance with a home safety survey to prevent fires, burns, falls, and other common home injuries



## “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.*

- |                                     |                                       |                               |   |
|-------------------------------------|---------------------------------------|-------------------------------|---|
| <b>1. Type of Residence</b>         | <b>2. Primary Disability</b>          | <b>3. Primary Language</b>    | <b>4. Preferred Format of Support Materials</b> |
| <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.*

\_\_\_\_\_  
**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* \_\_\_\_\_