

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

-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 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
- 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



Date of Ap	plication	

"Fire Safety Solutions" Smoke Alarm Application

To participate in the program, you must:

Applicant Information

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

Last Name:		First Name:			
Installation Address:	STREET	Γ ADDRESS	Date of birth: MO/DAY/YEAR		
CITY		ST	ZIP		
Mailing Address (if differe	nt from above)	STREET ADDRESS			
CITY Primary Phone:		ST Alternative Phone:	ZIP		
·	Is email a good way to contact you? ☐ Yes ☐ No				
Contact Person (please pro	ovide information for a Contact P	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 q	uestions below. Answers help us s	elect the best equipment for your needs.)		
1. Type of Residence	2. Primary Disability	3. Primary Language	4. Preferred Format of Support		
☐ Single Family	□ Deaf	☐ English	☐ Standard		
☐ Multi-Family	☐ Hard of Hearing	□ ASL	☐ Electronic		
☐ Apartment	☐ Blind	☐ Other	☐ Braille		
☐ Mobile Home	☐ Low Vision		☐ Large print		
	☐ Mobility		☐ Audio		
Proof of Disability (as pro	oof of disability - a professional m	ay attest that you have a qualifyir	ng disablity with their signature below.)		
SIGNATURE		TITI F			

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)