



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

-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

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



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.)*

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 (800) 257-1705 (v/tty)