

Smoke Alarm Application for People who are Deaf and/or with Hearing Impairment

Date of Application _____

To participate in this program, you must

- Answer all questions, on both pages of this form
- Be a Dallas resident who is deaf and/or with a hearing impairment
- Provide proper documentation (letter from doctor, medical provider, audiologist, professional, etc.)
- Not live in an institutional facility (dorm, nursing home, etc), apartment, or rental property

Applicant

Last Name: _____ First Name: _____ Md. Initial _____

Street/Mailing Address: _____ City: _____ Zip _____

Home Phone: _____ Work Ph: _____ Cell Ph: _____

Email Address: _____ Is Email a good way to contact you? Yes No

Date of Birth: _____ Male Female

Contact Person

Please provide a contact person if you need assistance with scheduling the smoke alarm installation.

Last Name: _____ First Name: _____ Md. Initial: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Work Ph: _____ Cell Ph: _____

Relationship to Applicant: _____

Did someone prepare this application for you? No Yes Name: _____

Preparer's Phone: _____ Email Address: _____

Residence

Check the answer to the following questions. Your answers will help us know which smoke alarm meets your need.

1. Number of levels (stories) in the home. One Two Three or more

2. Are you the owner of this residence? Yes No

3. How many people live in the household? _____

4. In what room or area does the person who is deaf and/or with the hearing impairment sleep? _____

5. Number of smoke alarms currently in the house? Zero One Two Three or more

Information on Person who is deaf and/or with the Hearing Impairment:

1. Primary Language: English Spanish Korean Chinese ASL
 Sign Language Other _____
2. Do you have a seizure disorder that might be triggered by a strobe light? Yes No
3. What is your situation regarding an interpreter when an installer comes to your home?
- I do not need an interpreter.
- I have someone who can interpret for me.
- I need an interpreter. Please provide one for me at no charge.

After your smoke alarm is approved, you will be contacted to arrange a time for installation.

What is the best way to contact you?

- Phone -- List the phone number where we can call you Monday-Friday 8:00 am - 5:00 pm
Phone: _____ TTY? Yes No
- Email -- Email address: _____
- Contact Person listed on front page

Mail or fax this completed application and your proper documentation to:

Dallas Fire-Rescue Department
Inspection & Life Safety Education
1551 Baylor Street, Suite 400
Dallas, TX 75226

FAX: 214-670-4324
Attention: Senior Fire Prevention Officer Carey Roper

Any questions, please call 214-670-5529, or 311 for TTY/TDD or Email: MBsmokedetectorrequest@dallascityhall.com