



Fire and Carbon Monoxide Alert Device Program (HB53) Application Form

Applicant Information

Full Name: _____

Date of Birth: _____

Address (Installation Location):

Street Address: _____

City: _____ State: **DE** ZIP: _____

County: New Castle Kent Sussex

Phone Number: _____

Email Address: _____

Preferred Communication Method:

ASL Phone Email Text Other: _____

Do you require an ASL interpreter for appointments related to this application?

Yes No

Household Information

Number of Deaf or Hard of Hearing individuals residing in the household: _____

Number of bedrooms used by Deaf or Hard of Hearing residents: _____

Type of residence:

Single-family home Apartment Townhouse Other: _____

Program Request

I am requesting participation in the **Fire and Carbon Monoxide Alert Device Program (HB53)**.

Fire and/or Carbon Monoxide Alert Devices

(Device type, quantity, placement, and configuration are determined by the Delaware State Fire Marshal following a home safety assessment.)

Applicant Acknowledgment

By signing below, I acknowledge and understand that:

- Eligibility is determined by ODHH in accordance with program requirements.
- The **Delaware State Fire Marshal** conducts the home safety assessment and determines the appropriate fire and/or carbon monoxide alert devices, including device type, quantity, placement, and installation.
- All equipment provided through this program is issued **at no cost** to eligible participants.
- ODHH coordinates program administration and communication access, including interpreter services as needed.

Applicant Signature: _____ Date: _____