Delaware Department of Labor / Division of Vocational Rehabilitation
Delaware Office for the Deaf & Hard of Hearing
4425 N. Market St • Wilmington, DE 19802 • ODHH (302) 504-4741 • Fax: (302) 736-9197 • DOL_DODHH@delaware.gov

Fire & CO Alert Device Program Application Form

Applicant Information

Full Name: _____

Date of Birth: _____

Minor Name: _____

Minor Date of Birth: _____

Address / Installation Location

Street Address: _____

City: _____ State: DE ZIP: _____

County: ☐ New Castle ☐ Kent ☐ Sussex

Phone Number: _____

Email Address: _____

Text: _____

Eligibility

☐ Deaf ☐ Hard of Hearing
☐ Late Deafened ☐ Deaf Blind
☐ Blind w/ Hearing Loss

Best Way to Contact You ☐ Text ☐ Email ☐ Voice Call ☐ Video Phone ☐ Other: _____

Do you require an ASL interpreter for appointments related to this application? ☐ Yes ☐ No

Primary Residence / Household Information

How many Deaf or Hard of Hearing individuals reside in the household? _____

Type of residence: ☐ Single-family home ☐ Apartment ☐ Townhouse ☐ Other: _____
How many occupied levels are there in the home? _____

Do you have working smoke alarms in the home? ☐ Yes ☐ No

If yes, are they ☐ Hardwired ☐ Monitored (Security System) ☐ Unknown

Are there any gas appliances in the home (stove, furnace, etc.)? ☐ Yes ☐ No

If yes, where are they located within the home: _____

Garage?: ☐ Attached Garage, w/ vehicles ☐ Attached Garage, No vehicles ☐ Detached Garage

Do you have a ***second residence*** where you occasionally reside? (camper, RV, etc.) ☐ Yes ☐ No

Sleeping Areas & Bedroom Equipment Selection

Does anyone regularly sleep in a guest room? ☐ Yes ☐ No

If so, how many bedrooms are occupied by Deaf or Hard of Hearing individuals? _____

One alerting device will remain in the bedroom. ***Please select one of the following for every bedroom occupied by Deaf or Hard of Hearing individuals.*** If there is only one bedroom occupied, please leave Bedroom #2 blank. See pg. 2 for equipment details.

Bedroom #1: ☐ Flash Receiver ☐ Flash Receiver w/ Bed Shaker ☐ Alarm Clock w/ Bed Shaker

Bedroom #2: ☐ Flash Receiver ☐ Flash Receiver w/ Bed Shaker ☐ Alarm Clock w/ Bed Shaker

How are the bedrooms positioned in the layout of the home? If household members sleep separately: *Be specific, as this will determine equipment quantity and placement.*

☐ Same Wing ☐ On Opposite Sides ☐ On Different Levels Of The Home

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Other Equipment

If approved, applicants will be receiving the following equipment, at a minimum:

- Smoke Alarm(s) – one per level and/or outside sleeping area(s)
- CO Alarm- if attached garage and/or gas appliances
- Flash Receiver - wirelessly mobile for living area
- **For the bedroom(s), at least one notification device must remain in the sleeping area.** This may be a flash receiver or an alarm clock with a bed shaker. If an alarm clock is provided, the flash receiver may be relocated to another area of the home.

If the Fire Marshal determines that additional equipment is necessary, it will be provided at the time of installation.

Applicant Acknowledgment

By signing below, I am requesting participation in the Fire & Carbon Monoxide Alert Device Program.

- 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.

I certify that the information provided is true and accurate to the best of my knowledge.

Applicant Signature (if 18 or older):_____ **Date:**_____

If the applicant is a minor OR the form is completed by someone else, an authorized representative must sign below:

Name of Authorized Representative:

Relationship to Applicant: ☐ Parent ☐ Guardian ☐ Caregiver ☐ Case Manager ☐ Other _____

Please make sure this application is filled out entirely. Household Information, Sleeping Area Information, & Bedroom Equipment Selection areas MUST be completed for the Fire Marshal to complete the home assessment. Failure to do so will result in processing delays.

Return Completed Form to:
DOL_DODHH@DELAWARE.GOV
or
Fax: (302) 736-9197

Office Use Only:

Application Received by DOHH Date: _____ Contacted for Installation Date: _____

Application Assessed by DSFMO Date: _____ Installation / Completion Date: _____