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 • Email: 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 / GPS Address:
City: State: DE Zip:

County: ☐ New Castle ☐ Kent ☐ Sussex
Phone:
Text:
Email:

ELIGIBILITY

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

Please note: All information will be kept confidential and shared only with the Delaware State Fire Marshal's Office.

Scheduling priority will be given to minors & those that live by themselves. Do you live alone? ☐ Yes ☐ No
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
Do you require alternate language interpretation? ☐ Yes ☐ No If yes, ☐ Spanish ☐ Haitian Creole

PRIMARY RESIDENCE / HOUSEHOLD INFORMATION

How many Deaf/Hard of Hearing individuals reside in the household?
Type of single-family residence: ☐ Ranch ☐ Multi-Level ☐ Mobile Home ☐ Townhouse ☐ Other:
If you live in a multi-family dwelling, such as an apartment or condominium, you will not be eligible for this program.
How many occupied levels are there in the home (including basement)?
Do you have working smoke alarms in the home? ☐ Yes ☐ No
If yes, are they ☐ Hardwired ☐ Monitored (Security System) ☐ Unknown
Are there any gas or fuel burning appliances in the home (stove, furnace, etc.)? ☐ Yes ☐ No
If yes, where are they located within the home:
Do you have a garage? ☐ Attached Garage, with vehicles ☐ Attached Garage, no vehicles ☐ Detached Garage
Do you have a second residence where you occasionally reside? (Camper or RV) ☐ Yes ☐ No

SLEEPING AREAS & BEDROOM EQUIPMENT SELECTION

IMPORTANT: There will be one alert device that always remains in the bedroom. If there is one deaf or hard of hearing resident in the home, you may only select equipment for one bedroom. If there is more than one deaf or hard of hearing resident in the home, you may select equipment for two bedrooms.

Please select ONE of the following for EACH bedroom occupied by Deaf or Hard of Hearing residents. If there is only one bedroom occupied, please leave Bedroom #2 blank. See pg. 2 for equipment details.

BEDROOM #1: ☐ Flash Receiver **or** ☐ Flash Receiver w/ Bed Shaker **or** ☐ Alarm Clock w/ Bed Shaker
BEDROOM #2: ☐ Flash Receiver **or** ☐ Flash Receiver w/ Bed Shaker **or** ☐ Alarm Clock w/ Bed Shaker
How are the bedrooms positioned in the home layout? ☐ Same Wing ☐ On Opposite Sides ☐ Different Levels
Be specific, as this will determine the quantity and placement of equipment in the home.

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APPLICATION FORM
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Other Equipment

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

- Smoke Alarm(s) –outside every sleeping area(s), on every level of the home
- CO Alarm(s)- if attached garage and/or fuel burning appliances, on every level of the home
- Flash Receiver(s) - living area(s), wirelessly mobile, on every level of the home

For the bedroom, at least one notification device must remain in the sleeping area. This may be:

- Flash Receiver, OR
- Flash Receiver with Bed Shaker, OR
- Alarm Clock with Bed Shaker

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: **DATE:**
(18 or older)

If the applicant is a minor, or this form has been completed by someone else, an authorized representative must complete:
Name of Authorized Representative:
Relationship to Applicant: ☐ Parent ☐ Guardian ☐ Caregiver ☐ Case Manager ☐ Other:

IMPORTANT:

Please make sure this application is filled out entirely. Household Information, Sleeping Area Information, and 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: _____
Application Assessed by DSFMO Date: _____
Contacted for Installation Date: _____
Installation / Completion Date: _____