

Smoke Alarm Assistance for Children with Sound Related Disabilities Application for Installation

Please complete this form to participate in the Smoke Alarm Assistance Program

Child's Name: _____	Child's - Birthdate: _____
Guardian's Name: _____	Phone Number: _____
Address: _____	
City: _____	State: _____ Zip: _____
Best time to contact you: _____	

Pre-installation Survey					
Do you own or rent your home?		Rent	Own		Other
What type of home?	House	Apartment	Duplex	Mobile Home	Other
How many floors does your home have?	_____				
What is your primary heat source?	_____				
Number of adults in the home?	_____	Ages?	_____	_____	_____
Number of children in the home?	_____	Ages?	_____	_____	_____
What is your student's primary disability?	_____				
What is your student's race? <i>(optional)</i>	_____				
Which of these categories does your total annual household income fit into?					
_____	Less than \$12,000	_____	\$25,000 - \$30,000	_____	\$50,000 - \$60,000
_____	\$12,000 - \$20,000	_____	\$30,000 - \$40,000	_____	\$60,000 - \$75,000
_____	\$20,000 - \$25,000	_____	\$40,000 - \$50,000	_____	More than \$75,000
Have you ever had a fire in your home?	_____				
Have you ever talked about or written down a fire escape plan?	_____				
Have you ever practiced a fire escape plan?	_____				
Do you have working smoke alarms in your home now?	_____				
How often do you test your smoke alarms?	_____				

This program is open to families of children with hearing impairment who would benefit from the devices, and families do not need to meet any other requirements to qualify.

To participate, you must fill out this form in full and return it and the documentation of need to
Cowlitz 2 Fire & Rescue, 701 Vine St, Kelso, WA 98626

In addition, you must sign a liability release for the installation of the smoke alarms, participate in a home safety survey, practice your home escape plan with the install team, and return the After Installation Survey promptly.