

**FORT WAYNE FIRE DEPARTMENT
DEAF/HARD OF HEARING SMOKE ALARM REQUEST
FORM AND HOME FIRE SAFETY SURVEY**

To request a hearing impaired smoke alarm system, complete this form as accurately as possible and drop off or mail to the Fort Wayne Fire Department's main office at 307 E. Murray Street 46803, or the Fort Wayne Fire Department Code Enforcement Division at 4130 Lahmeyer Road 46815, or the Fort Wayne Fire Department Safety Education Division (located in the Safety Village) at 1270 S. Phoenix Parkway 46816, or you may fax the form to: 260-427-5082.

Smoke alarm systems will be installed by Fort Wayne Fire Department personnel at the earliest possible convenience.

Resident's Name: _____ Date: _____

Address: _____ Zip: _____

Phone: _____ V / TTY / VP/Text Age: _____ Race: _____
Required for installation (circle one)

Will the assistance of an interpreter be required? ____yes ____no

Single Parent Head of Household: ____yes ____no

NUMBER OF PERSONS IN YOUR HOUSEHOLD

Adults: _____ Senior Citizens: _____ Children: _____

Number of hearing impaired members of the household: _____

Type of Residence: ____one family ____multi-family ____mobile home
____apartment

Do you own this residence? ____yes ____no

Number of levels in the residence: ____one ____two ____three or more

Does your household currently have hearing impaired smoke alarms? ____yes ____no

If yes, what type of system or alarms? _____

Does your residence have audible only smoke alarms? ____yes ____no
(If yes, please answer the following 7 questions regarding the smoke alarms)

Is there at least one smoke alarm on every level of the residence and near all sleeping areas? ____yes ____no

If "no" which levels do not have a smoke alarm? ____basement ____first floor
____second floor _____other (specify)

Have you tested your smoke alarms recently? _____yes _____no

If so, how many alarms did not work? _____

If smoke alarms did not work, please indicate how many alarms had the following problem(s): _____battery was disconnected _____battery was dead
_____battery was missing _____other (specify)

How many batteries did you replace? _____

How many smoke alarms are more than ten years old? _____

Do you have a fire extinguisher in the residence? _____yes _____no

Has your family drawn a home fire escape plan showing two ways out of each room and an outside meeting place? _____yes _____no

Does your family practice your fire escape plan? _____yes _____no

Are matches and lighters locked in a cabinet or drawer? _____yes _____no

Have you ever experienced a house fire: _____yes _____no

Income Guidelines: Step 1-Circle the number of persons in your household.
Step 2-Circle your household income range (under the number
you circled in Step 1 above.)

Persons	1	2	3	4	5	6	7	8
Extremely Low	0-\$12,000	0-\$14,700	0-\$16,550	0-\$18,400	0-\$19,850	0-\$21,350	0-\$22,800	0-\$24,300
Low	\$12,901-\$21,450	\$14,701-\$24,500	\$16,551-\$27,600	\$18,401-\$30,650	\$19,851-\$33,100	\$21,351-\$35,550	\$22,801-\$38,000	\$24,301-\$40,450
Moderate	\$21,451-\$34,350	\$24,501-\$39,250	\$27,601-\$44,150	\$30,651-\$49,050	\$33,101-\$52,990	\$35,551-\$56,900	\$38,001-\$60,800	\$40,451-\$64,750
Other	\$34,351+	\$39,251+	\$44,151+	\$49,051+	\$52,991+	\$56,901+	\$60,801+	\$64,751+

I hereby certify that the information included on this form is correct to the best of my knowledge and understand that the information will be used only to determine eligibility for the Fort Wayne Fire Department hearing impaired smoke alarm giveaway program.

Signature: _____

FWFD Receipt Verification: _____

Date Received: _____ (page 2 of 2)