



Deaf & Hard of Hearing Free Smoke Alarm Program ORDER FORM

Complete one form per individual and return to OSFM, kelly.ingold@ks.gov or Fax #785-296-0151.
Mail: 800 SW Jackson, Suite 104, Topeka, KS 66612-1216. Call 785-291-3586.

Date: _____

REQUESTOR INFORMATION

To participate in the program you must...

- Answer all the questions on this form
- Be a Kansas resident over the age of four
- NOT live in an institutional facility (nursing home, hospital, etc.)

Recipient Name: _____ Contact Name (if different) _____

Street Address: _____

City: _____ County: _____ ZIP: _____

Phone Number: _____ Date of Birth: _____

Email Address: _____

Alternate Contact: _____ Phone: _____

Local Fire Dept.: _____

REQUIRED INFORMATION

Select the answer to the following questions.

Requesting: Lifetone Bedside Shaker

1. Type of Residence: One Family Multi-Family Apartment Mobile Home

2. Primary Disability: Deaf Hard-of-Hearing

3. Primary Language: English ASL Spanish Other, specify: _____

4. Are there working smoke alarms in the home? YES NO

CERTIFYING PROFESSIONAL

I confirm this individual has hearing loss or is deaf.

Certifying Professional's Printed Name

Certifying Professional's Signature

- Physician
- Audiologist
- Advanced Registered Nurse Practitioner
- Nurse Practitioner
- Physician's Assistant
- Speech Pathologist
- Vocational Rehabilitation Counselor

FAQs



- **What does the form mean by, “Recipient Name” and “Contact Name”?**
The “Recipient Name” is for the name of the person who is deaf or hard-of-hearing. The “Contact Name” should be the name of a parent, if the recipient is a minor or it can be the name of the person with whom you want the fire department to schedule the installation with.
- **Whose date of birth do you need: recipient’s or contact’s?**
Recipient’s date of birth
- **What if I don’t have an email address?**
Please include the recipient’s email address or if that person is a minor, you can include the email address of a parent. If neither of those apply, please include an email address for your alternate contact.
- **Who do I put as my “Alternate Contact”?**
If the recipient is a minor, you can list your other parent here or the name of a person who can easily get us in contact with you if any of the numbers or emails change.
- **What if I don’t know who my local fire department is?**
If this information is correct it helps the process go smoother. If you don’t know, you can call the closest fire department and ask them who would service your address and list them.
- **What if I have other questions?**
You may access contact information on the order form.