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 • DOL_DODHH@delaware.gov

Fire & Carbon Monoxide Alert Device Program Application Form

Applicant Information (Individual Receiving Equipment)

Full Name: _____

Date of Birth: _____

Address (Installation Location):

Street Address: _____

City: _____ State: DE ZIP: _____

County: ☐ New Castle ☐ Kent ☐ Sussex

Phone Number: _____

Email Address: _____

Preferred Communication Method: ☐ ASL ☐ Phone ☐ Email ☐ Text ☐ Other:_____

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

Household Information

Number of Deaf or Hard of Hearing individuals residing in the household: _____

Number of bedrooms used by Deaf or Hard of Hearing residents: _____

Type of residence: ☐ Single-family home ☐ Apartment ☐ Townhouse ☐ Other: _____

How many levels in the home? _____ Do you have smoke alarms? NO ◯ YES ◯

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

Any gas appliances (stove, furnace, etc.)? ☐ Yes ☐ No

Location of gas appliances within the home: _____

Garage: ☐ Attached, with vehicles ☐ Attached, no vehicles ☐ Detached

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:_____