

FREE ADAPTED SMOKE ALARMS

a program for
PHILADELPHIA FAMILIES WITH CHILDREN
WITH SPECIAL HEALTH CARE NEEDS

WHAT IS THE PURPOSE OF THE PROGRAM?

Smoke alarms are critical to preventing tragedies in home fires. The Smoke Alarms for Families with Children with Special Needs Program was developed in order to make sure families are able to obtain smoke alarms with signals that can be perceived by the child and/or his parents. These adapted smoke alarms have bright flashing lights, vibrating signals, and/or extra loud sirens.

AM I ELIGIBLE FOR THE PROGRAM?

You may be able to get a free adapted smoke alarm for your home if ALL of the statements below are TRUE.

- You live in Philadelphia.
- There is a child (under age 18) with special health care needs living in the home. A family is eligible if either an adult living in the home or the child him/herself can benefit from the adapted smoke detector.
- Your family is "low income" (200% of the federal poverty level). This is a program meant to help people who cannot afford the kind of smoke alarm they need. (See Page 3 of the Application).

HOW DOES THE PROGRAM WORK?

After your completed application is reviewed, we will contact you and let you know if we can help you. If you are approved, we will contact you to arrange to deliver the equipment to your home.

It will be installed by volunteers from the Philadelphia Fire Department.

If you need it, we can arrange for an interpreter to come to your home at the time of installation (at no cost).

Once the smoke alarm is installed, it becomes YOUR PROPERTY and YOUR responsibility. This means you need to remember to replace the batteries at least twice a year (or when they run down), and if something happens to the smoke alarm it is your responsibility to fix it or replace it.



The Smoke Alarms for Families with Children with Special Needs program is implemented by Pennsylvania's Initiative on Assistive Technology (PIAT), a program of the Institute on Disabilities at Temple University, with community mini-grant funding from the Philadelphia Department of Public Health - Maternal, Child and Family Health Division.

Program APPLICATION

If you need help completing this application, or need it in an alternate format, contact us:

Phone: 215-204-3330 (voice)
866-268-0579 (TTY)
Fax: 215-204-9371
Email: atinfo@temple.edu

1. Is there a child (under age 18) with special needs in your family?

YES Child's date of birth: _____

Briefly describe the child's special healthcare needs:

NO

PLEASE NOTE: If there is no child with special needs in your family and you still need a special smoke alarm, please contact us for assistance in finding funding to meet your needs (215-204-3330 voice, 866-268-0579 TTY, atinfo@temple.edu).

2. Person applying for equipment

Last name _____ First name _____ Middle initial _____

Street address _____

Zip code _____ Email _____

Telephone Home: _____ Work: _____

Other phone (TTY; Videophone; cell phone) _____

Relationship to the child with special needs _____

Person assisting applicant with this application, if any:

Name _____ Phone _____

What is your primary language? English Spanish

American Sign Language Other language: _____

If your primary language is not English, what is your situation regarding an interpreter when an installer comes to your home:

I do not need an interpreter. I have someone who can interpret for me.

I need an interpreter in my primary language.

3. Our family can benefit from a special smoke alarm because (check all that apply):

- I cannot hear a regular smoke alarm.
- My child cannot hear a regular smoke alarm.
- Others who live in our household cannot hear a regular smoke alarm.

Specify who: _____

4. About your home:

In order to help us know which smoke alarm might meet your needs, please check the answer to the following questions:

1. Type of residence: single family multi-family row home apartment
 other
2. Number of levels (stories) in the home: one two three or more
3. Is this your permanent residence? Yes No
4. Number of working "regular" smoke alarms currently in the home
 none one two three or more
5. Number of working "adapted" smoke alarms currently in the home
 none one two three or more
6. Is there at least one smoke alarm on every level of the home? yes no
If no, which level(s) does not have a smoke alarm? _____
7. Is there at least one smoke alarm near all sleeping areas? yes no

5. Total number of members in family unit: _____

6. Annual income:

Family's gross income only, including Social Security : \$ _____

YOU MUST INCLUDE PROOF OF INCOME WITH THIS APPLICATION. INCLUDE A COPY OF YOUR MOST RECENT 1099 FORM, W2, OR SOCIAL SECURITY AWARD LETTER.

FINANCIAL ELIGIBILITY CRITERIA / 2008-09 GUIDELINES

Size of family unit	Gross Income (200% of federal poverty level)
2	\$28,000
3	\$35,200
4	\$42,400
5	\$49,600
6	\$56,800
7	\$64,000
8	\$71,200

* Family Units with more than 8 members, add \$3,600 for each additional member.

7. My primary reason for using the Smoke Alarms for Families with Children with Special Needs Program is (check ONE):

- I cannot afford the equipment
- The equipment is available to me only through this program
- I could get the device paid for through other programs, but the system is too complex and the wait is too long

8. These questions are optional (for reporting purposes only).

Race:

- Caucasian
- African-American
- Asian
- Latino
- Other (specify) _____

Gender:

- Male
- Female

9. Please tell us how you heard about the program:

10. Applicant's statement and signature

I certify that all information provided on this application is true, complete and correct. Program officials have my permission to verify the information provided. I certify that I understand and accept all conditions of the program.

Signature _____ Date _____

SUBMIT YOUR APPLICATION

1. Complete this application and make a copy of your completed application for your records.
2. Return the completed ORIGINAL application plus a COPY of the proof of income document(s) to:

**Adapted Smoke Alarm Project/ PIAT
Institute on Disabilities at Temple University
1601 North Broad Street, USB Suite 610
Philadelphia, PA 19122-6024
Or FAX to: 215-204-9371**



www.disabilities.temple.edu