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| --- |
| Application Date: |

 **VISUAL FIRE ALARM PROGRAM**
Mayor’s Office for People with Disabilities
1475 West Gray, Suite #180
Houston, TX 77019

We must have the **original, completed signed** documents back before you are considered for the free visual fire alarms. After you are registered for the fire alarm(s), someone from the Houston Fire Department (HFD) will contact you to arrange a date/time for installation of your fire alarm(s).

## Citizen Contact Information

|  |  |  |
| --- | --- | --- |
| Last Name | First Name | Suffix |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Street | City | State | Zip Code |
|  |  |  |  |

|  |  |
| --- | --- |
| Phone | Email |
|  |  |

**Demographic Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Age | Gender | Ethnicity | Veteran |
|  |  |  | * Yes
* No
 |
| Mobility Assistive Device | Device Type | Hearing Assistive Device | Device Type |
| * Yes
* No
 |  | * Yes
* No
 |  |

|  |  |  |
| --- | --- | --- |
| Primary Disability | Waiver Signed/Understood | Date sent to HFD |
| * Deaf
* Hard of hearing
* Autism
 | * Yes
* No
 |  |
| Primary Concern | Agencies/Organizations |
| FREE Visual Fire Alarm | Mayor’s Office for People with DisabilitiesHouston Fire Department |

|  |  |  |  |
| --- | --- | --- | --- |
| Additional Concerns | Other | Referrals to Services | Agencies/Organizations |
|  |  |  |  |

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| Comments: |