

Last Name

VISUAL FIRE ALARM PROGRAM

Mayor's Office for People with Disabilities 1475 West Gray, Suite #180 Houston, TX 77019



Suffix

We must have the <u>original, completed signed</u> 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).

First Name

Citizen Contact Information

| Street | | City | | State | e Zip Code | | |
|---------------------------------|-------------|------------------------|---|------------------|------------------------|--|--|
| | | | | | | | |
| Phone | | Email | | | | | |
| | | | | | | | |
| Demographic Informa | ation | | | | | | |
| Age | | Gender | Ethnicity | | Veteran | | |
| | | | | | □ Yes | | |
| | | | | | □ No | | |
| Mobility Assistive Device | Device Type | | Hearing Assistive Device | | Device Type | | |
| □ Yes | | | □ Yes | | | | |
| □ No | | | □ No | | | | |
| Primary Disability Waiver Signe | | d/Understood | | Date sent to HFD | | | |
| □ Deaf | | □ Yes | | | | | |
| ☐ Hard of hearing | | □ No | | | | | |
| ☐ Autism | | | | | | | |
| Primary Concern | | Agencies/Organizations | | | | | |
| FREE Visual Fire Alarm | | | Mayor's Office for People with Disabilities | | | | |
| | | | Houston Fire Department | | | | |
| | | | | | | | |
| Additional Concerns | | Other | Referrals to Services | | Agencies/Organizations | | |
| | | | | | | | |
| Comments: | | | | | | | |