



# Hearing Impaired Smoke Alarms & Bed Shaker

**Working smoke alarms save lives. However, people who are deaf or hard of hearing may not be able to depend on the traditional smoke alarm to alert them to a fire.** The Frankfort Fire & EMS Department has been awarded a grant from FEMA to install specialized smoke alarm aids in the homes of people who have a hearing impairment, deaf, or other special needs. Those who wear hearing aids or cochlear implants that they remove when sleeping also qualify for these specialized alarms in their homes.

These alarms utilize bed shakers and strobe lights to warn those who can't hear audible alarms that there is smoke or fire danger. This is a new service that Frankfort Fire & EMS Department is proud to provide with the full support of the Board of Commissioners. There is no cost to the applicant or recipient of these special devices.

This program is currently only for persons living in the Frankfort corporate limits. There are a limited number of these specialized smoke alarm aids available and will be provided on a first come, first served basis to those qualified individuals who submit an application with the appropriate paperwork. To apply, fill out the application below or call (502) 875-8539 with any program or application questions.

## Application questions:

- 1 Are you or someone in the household deaf, hearing impaired, hard of hearing, or over 65?  
Yes / No
  - 2 Before receiving any smoke alarms or bed shaker, a hold harmless agreement relieving the City of Frankfort of liability must be signed.
    - I agree to sign a release of liability
    - I do not agree to sign a release of liability
  - 3 Name of individual(s) intending to use this device : \_\_\_\_\_
  - 4 Name of individual completing this application: \_\_\_\_\_
  - 5 Address where special smoke alarm is to be installed: \_\_\_\_\_
  - 6 Home phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_
  - 7 Email address: \_\_\_\_\_
  - 8 Age of members living in the home: \_\_\_\_\_
  - 9 Age of individual needing this device: \_\_\_\_\_
  - 10 What is the best way to contact you? phone/ email/ text (circle one)
  - 11 Are there exiting regular smoke alarms in the home? Yes/No How many? \_\_\_\_\_
  - 12 Any additional comments: \_\_\_\_\_
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