

**ANN ARBOR FIRE & Fireman's Fund Insurance Company
Deaf/Severely Hearing Impaired Assistive Program**

Purpose

The purpose of this program is to provide Visual Alarming Smoke Detectors to Deaf and/or Severely Hearing Impaired resident homeowners within the city of Ann Arbor. Initially, the Assistive Equipment will be allocated to those who are on public assistance or whose income is below the Federal Poverty Guidelines for their family size. Then allocated based on availability combined with need.

General Instructions

- 1) Read all instructions before filling out forms.
- 2) Print or type all information requested using black or dark blue ink.
- 3) If you have any questions about filling out these forms, please call the AAFD Fire Prevention Bureau at (734) 994-4976.
- 4) **All Forms must be completely filled out to be considered for this program.**

Application Form—Part 1

If the applicant for the Assistive Equipment is under 18 years of age, the parent or guardian must also sign the form (at the bottom next to where it says "Parent/Guardian Signature").

Certification of Impairment—Part 2

Applicant must give this form to a Doctor, Audiologist, Hearing Aid Dispenser, Speech/Language Pathologist or Rehabilitation Counselor/Assistant to fill out.

Public Assistance Verification Form—Part 3

If applicant or family is receiving Public Assistance, fill out the top portion of this form including your signature and date. AAFD will send the form to the Department of Social Services to fill in the bottom portion of the form.

Send completed forms to:

**ANN ARBOR FIRE DEPARTMENT
Visual Smoke Detector Program
111 North Fifth Ave.
Ann Arbor, MI 48104**

**ANN ARBOR FIRE & Fireman’s Fund Insurance Company
Deaf/Severely Hearing Impaired Assistive Program**

Application Form—Part 1

Please read the instructions before filling out this form. Applicant must reside in and maintain the address on application for the assistive equipment to be installed. Location being applied for should be a single-family dwelling.

| | | | | |
|---|--------------------------|--------------------------|---|--------------------------------|
| Last Name | First Name | M I | DOB | Square Footage of House |
| Street Address | City Ann Arbor | State Michigan | Zip Code | Number of Bedrooms |
| Telephone Number <i>Home</i> <i>Cell</i> | E-mail | | Number of hearing impaired residents | Number of floors |

1. Do you presently own a telephone? Yes No
 If yes, please circle where it is best to contact you: HOME or CELL
2. Are you a student: Yes No
 If yes, please list: Age: _____ Grade or Level in School: _____
3. Please check all boxes that apply to you:
 - A. Receive Aid to Families with Dependent Children (ADC).
 - B. Receive General Assistance (GA).
 - C. Receive Food Stamps.
 - D. Receive Medicaid (MA).
 - E. Receive Social Supplemental Income (SSI).
 - F. My family income is below Federal Poverty Guidelines for my family size, as shown in the table on the next page

If you checked box F, you must also attach a copy of your Federal Income Tax Return—Form 1040.

**ANN ARBOR FIRE & Fireman’s Fund Insurance Company
Deaf/Severely Hearing Impaired Assistive Program**

| Federal Poverty Level Guideline Table – Family Size | | | | | | | | |
|---|---------|--------|--------|--------|--------|--------|--------|--------|
| # in Family | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 2004 | \$9,310 | 12,490 | 15,670 | 18,850 | 22,030 | 25,210 | 28,390 | 31,570 |
| 2005 | 9,570 | 12,830 | 16,090 | 19,350 | 22,610 | 25,870 | 29,130 | 32,390 |
| <i>For each additional person add \$3,260</i> | | | | | | | | |

I am requesting the following: **Visual Alarming Smoke Detector for Deaf/Hearing impaired** through the assistance of the **Ann Arbor Fire Department** and **Fireman’s Fund Insurance Company**. I certify that I am deaf/hearing impaired. I certify that the information provided on this form to be true and accurate.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**ANN ARBOR FIRE & Fireman’s Fund Insurance Company
Deaf/Severely Hearing Impaired Assisive Program**

Certification of Impairment—Part 2

Take this form to your Doctor, Audiologist, Hearing Aid Dispenser, Speech/Language Pathologist or Rehabilitation Counselor/Specialist to be filled out.

| | | |
|------------------------|-----------------------|---------------|
| Applicants Name | City and State | County |
|------------------------|-----------------------|---------------|

Please check the appropriate box. Use the definitions next to the boxes to determine the appropriate box to check.

- Deaf/Severely Hearing Impaired:** A hearing loss that requires use of Assisive Equipment.
- Doctor:** Any person eligible to practice medicine in the State of Michigan.
- Hearing Aid Dispenser:** A person who is licensed by the Michigan Department of Public Health to fit and dispense hearing aids and who is certified in Hearing Instrument Sciences by the National Board for Certification in Hearing Instrument Sciences.
- Speech/Language Pathologist:** A person who has a Masters Degree or equivalence in Speech/Language Pathology and a Certificate of Clinical Competence issued by the American Speech/Language/Hearing Association.
- Rehabilitation Counselor/Specialist:** A person employed in an agency providing services to the hearing-impaired population.

| | | |
|---|--------------------------------------|-----------------------|
| Name of Certifying Agent (please print) | Signature of Certifying agent | Date signed |
| Agency / Organization | Phone Number | Agency Address |

**ANN ARBOR FIRE & Fireman’s Fund Insurance Company
Deaf/Severely Hearing Impaired Assistive Program**

Public Assistance Verification Form—Part 3

Complete this form if you are certifying that you are a public assistance recipient (ADC, GA, SSI, MA or Food Stamps).

If you fail to complete this form, we will be unable to determine your eligibility for a Visual Alerting Smoke Detector Assistive Device.

| | | |
|-----------------------|-----------------------|-----------------|
| Applicant Name | Case Number | SS# |
| Street Address | City and State | Zip Code |

I authorize the Michigan Department of Social Services, Family Independence Agency to release necessary information to the Ann Arbor Fire Department to certify my eligibility for an Assistive Device for the Deaf.

Signature _____ **Date** _____

| | |
|--|-------------------|
| <i>(for FIA Use Only)</i> | |
| Michigan Department Of Social Services Family Independence Agency Verification | |
| I certify that the above named applicant is a public assistance recipient of the Michigan Department of Social Services, Family Independence Agency. | |
| Name: | Signature: |
| Title: | Date: |