

City of Streetsboro - Fire Department

**Smoke Detector and
CO/Explosive Gas
Detector Program - 2012**

City of Streetsboro Project #2071212



OVERVIEW:

The Streetsboro Fire Department is offering free smoke detectors and combination Carbon Monoxide / Explosive Gas Detectors, with installation, to older adults, persons with disabilities, and families with very young children who own their homes in the City of Streetsboro. The program may be expanded to other resident home owners if resources permit.

ELIGIBILITY REQUIREMENTS:

To qualify for one or more smoke alarms, or a carbon monoxide / explosive gas detector, participants must meet the following guidelines:

1. Must be a resident of the City of Streetsboro, **own and live** in the home you are applying for.
2. Must be resident over the age of 60 – **or** –
3. Must be a resident with residential children age 5 or under – **or** –
4. Applicant or legal tenant must have documented disability – **or** –
5. Must have total annual income under Federal poverty levels.

GUIDELINES:

- Participants accepted into this program must be home during the installation of the smoke detector(s) and/or carbon monoxide / explosive gas detector.
- There is no fee for the program, but the participant must provide valid documentation to qualify.
- Note: This program is not eligible to individuals / families who rent because it is required by Ohio law that landlords install the appropriate number of functioning smoke alarms at the place of residence.
- Homeowner will be required to complete and sign a hold harmless agreement prior to installation of any equipment.
- Installation will be prioritized in the following manner:
 - Single family, owner occupied residential units of seniors age 60 or older.
 - Single family, owner occupied residential units with children age 5 or under.
 - Single family, owner occupied residential units with one or more persons with a documented disability that impairs their ability to self-rescue during an emergency.
 - Single family, owner occupied residential units meeting other criteria set forth herein.
- **RENTAL UNITS ARE NOT ELEGIBLE FOR PARTICIPATION IN THIS PROGRAM.**

Streetsboro Fire Department Smoke Alarm & Carbon Monoxide/Explosive Gas Detector Program



Participant Hold Harmless, Waiver and Release

The Streetsboro Fire Department is providing me with one or more smoke alarms and/or a carbon monoxide/explosive gas detector and/or batteries through its smoke alarm program without cost to me. I understand and agree that I alone am responsible for the maintenance of my detectors. Maintenance includes, but is not limited to, testing the detectors monthly and buying and installing new batteries at least once a year to make sure the smoke alarm(s) continues to operate. I understand that the smoke alarm(s) will function only with a charged battery and that the battery will discharge over time.

I also understand that smoke alarms and batteries are subject to defect and the City of Streetsboro does not make any warranties or representations about the performance of the smoke alarm, the batteries, or any other equipment, product, or service provided to me under this program. The City of Streetsboro specifically disclaims any warranty (express or implied) that a smoke alarm, battery or equipment or product provided under this program is fit for a particular purpose and disclaims any warranty of merchantability (express or implied). Further, the City of Streetsboro makes no warranties or representations about the services provided through this program, including the proper installation of the smoke alarm, the proper location of the installation of equipment or products, the proper or correct or timely replacement of batteries, smoke alarm, carbon monoxide/explosive gas detector, testing, or the availability of city personnel to perform or assist in the performance of such services. Further, this program may be discontinued at any time without notice.

In consideration of the acceptance of one or more smoke alarms, batteries, and or equipment, products, or services, I hereby hold the City of Streetsboro harmless and waive, release, and discharge any and all claims for death, personal injury, or property damage which I may have, or which may occur or accrue to me, against the City of Streetsboro, its officers, officials, employees, and volunteers, and any other involved municipal or public agencies from and against any and all liability arising out of or connected in any way with the smoke alarm program or my acceptance of said smoke alarm, batteries, equipment, products, or services. It is further understood and agreed that this waiver and release is binding upon my guests, invitees, family members, heirs and assigns.

Applicant Name: _____ **Date:** _____

Address: _____, Streetsboro, OH 44241. **Phone:** _____

Age group (circle all that apply): **Children** (0-5 yrs.)/(6-10 yrs.)/(11-17 yrs.) **Adults** **Seniors** (Age 60+)

Signature: _____

Fire Department Use Only:

of detectors installed _____ # of batteries replaced _____ Shift: (A) (B) (C) (FPB)

Return form to Lt. Grimm by end of shift.

Scan and e-file date: _____ By: _____

Original form to file date: _____ By: _____

Streetsboro Fire Department

Smoke Detector and Carbon Monoxide Request Form



You must reside in the City of Streetsboro, complete this request form and supply all required documentation to be considered for program participation.

NAME: _____ **PHONE:** _____
Last First Middle Initial Home Work

ADDRESS: _____
Number and Street Apartment #

_____ *City State ZIP Code*

Proof of residency

1. Do you have **SMOKE DETECTORS** now? YES NO
- a. If Yes, how many? _____
 - b. Do you check your detectors monthly?
_____ Yes _____ No
 - c. Are they currently in working order?
_____ Yes _____ No
 - d. If they are not working, why?
_____ Took out batteries
_____ Batteries do not work
_____ Other, please describe:

- a. **If No, why not?**
_____ Can't afford one.
_____ Didn't think of it.
_____ No time to get one.
_____ Cannot install it.
_____ Other, please describe:

2. Do you a **CARBON MONOXIDE DETECTOR** now? YES NO
- a. If Yes, how many? _____
 - b. Do you check your detectors monthly?
_____ Yes _____ No
 - c. Are they currently in working order?
_____ Yes _____ No
 - d. If they are not working, why?
_____ Took out batteries
_____ Batteries do not work
_____ Other, please describe:

- a. **If No, why not?**
_____ Can't afford one.
_____ Didn't think of it.
_____ No time to get one.
_____ Cannot install it.
_____ Other, please describe:

3. Do you OWN or RENT this residence?
4. How many persons live in your home? _____
5. How many children age 5 or younger live in your home? _____

6. How many people age 60 or older? _____
7. Is anyone in your home a Veteran of the U.S. Armed Forces? Yes No
If yes, indicate branch of the military and service dates: _____
8. Does anyone in your home have a documented disability? Yes No
If yes, please provide proof of disability from the certifying medical professional.
9. I live in a (check one) one story two story three story mobile home duplex
10. What is the approximate square footage? _____
11. Does your annual household income qualify as low income as indicated on the chart below?
 Yes No *If yes, you must provide a copy of your 2011 tax return.*

2012 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	Poverty guideline
1	\$11,170
2	15,130
3	19,090
4	23,050
5	27,010
6	30,970
7	34,930
8	38,890

For families/households with more than 8 persons,
add \$3,960 for each additional person.

By affixing my signature below, I affirm that I have supplied accurate information on this application and in the required documentation submitted. I understand that if I meet eligibility requirements, a member of the Streetsboro Fire Department will contact me to schedule installation. I agree to permit installation by a member of the Streetsboro Fire Department and/or Lowe's Home Improvement Store. I understand that maintenance of any smoke detector(s) and/or carbon monoxide/explosive gas detectors is my responsibility. I further agree to sign a hold harmless agreement prior to installation.

Name: *(Please print)* _____ **Date:** _____

Signature: _____

Return completed application and required proof of eligibility no later than **OCTOBER 31, 2012** to:

Streetsboro Fire Department
Attn: Project 2071212
9184 State Route 43
Streetsboro, Ohio 44241