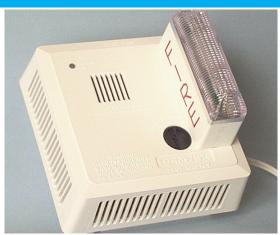
State of New Jersey Department of Human Services

Division of the Deaf and Hard of Hearing

Application for the 26th Annual Equipment Distribution Program Smoke Detector



Last Name [PLEASE PRINT] Street Address [PLEASE PRINT] (Will	l not be del	livered to PO		[PLEASE PRINT]	
City [PLEASE PRINT]	State	Zip Code		Home Phone Number	
E-mail or Fax				Date of Birth (Mo/Day/Year)	
 Applicant must either: a) Attach an audiogram or written report indicating hearing loss, signed by a licensed audiologist; OR b) Obtain signature below from a licensed audiologist or physician verifying applicant's hearing loss and need for a smoke detector with visual signaling strobe light. 					
	Audiologist or Physician Signature				
I attest that the information contained in this application is accurate and that I meet the eligibility requirements. further attest that my annual household income is less than \$45,000. I understand that if I have intentionally falsified information on this application, I am responsible for reimbursement of the cost of the device to DDHH.					
	Applicant's Signature				

Return this form to: DDHH Equipment Distribution Program, PO Box 074, Trenton, NJ 08625-0074. General Phone: 609-588-2648 or 800-792-8339; Fax: 609-588-2528

DDHH EQUIPMENT DISTRIBUTION PROGRAM

Smoke Detector

Eligibility Requirements

- 1. Applicant must be a New Jersey resident.
- 2. Applicant must have a hearing loss verified by either:
 - a) attaching an audiogram signed by a licensed audiologist; **OR**
 - b) obtaining a signature on this application of a licensed audiologist or physician verifying applicant's hearing loss.
- 3. Household income must be less than \$45,000 annually.
- 4. Information supplied on this form must be clearly printed. Form must be signed by the applicant.

Additional Information

- Limit of one (1) smoke detector per home is provided through the program.
- Smoke detectors are free of charge to eligible applicants.
- Supply of smoke detectors is limited and subject to availability and funding within a given fiscal year.