



Portland Fire & Rescue's Deaf/Hard of Hearing Free Smoke Alarm Program

Certification of Eligibility

Dear Medical Professional;

Your patient is applying to receive an accessible smoke alarm for individuals who are deaf or hard of hearing from Portland Fire & Rescue through a voluntary program. The application asks you to certify that the applicant has hearing loss which warrants a specialized smoke alarm in order to be alerted to fire danger in his or her home. Please complete this form and return it to the patient for submission with their application. Thank you.

**Persons qualified to certify the eligibility of the applicant include
(Please check the one which best describes you):**

- Otolaryngologist (Ear, Nose & Throat Specialist)
- Audiologist
- Doctor of Medicine
- Physicians Assistant

I, _____, verify that _____
(Name) (Applicant's full name)

is unable to hear standard smoke alarm signals and needs specialized smoke alarms for people who are deaf or hard of hearing to be alerted of fire danger in his or her home.

Nature of hearing loss:

- Deaf
- Hard of hearing
- Deaf-blind

MEDICAL PROFESSIONAL'S CONTACT INFORMATION

Name: _____

Title: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

County: _____

Email: _____

Phone: () _____

Signature: _____

Date: _____

Applicant should return this form after filling out the online application to:

Portland Fire & Rescue's Deaf/HOH Smoke Alarm Program

55 Sw Ash Street, 3rd Floor

Portland, OR 97204

Or email a scanned version to the address below:

If you have questions, please contact us at smokealarms4safety@portlandoregon.gov