



Service Acknowledgment Form

Home Address		
Address *	Apt / Unit # * (Mark "NA" if Not Applicable)	
City *	State *	Zip * _____
Services Provided		
# of new 10-year smoke alarms installed and tested? *	Did the resident(s) create a fire escape plan? * <input type="checkbox"/> Yes / <input type="checkbox"/> No	
# of new 9-volt smoke alarms installed and tested? *	Did the resident(s) review the Home Fire Safety Checklist? * <input type="checkbox"/> Yes / <input type="checkbox"/> No	
# of new bedside alarms installed and tested for people who are deaf or hard of hearing? *	Did the resident(s) learn about a local hazard? * <input type="checkbox"/> Yes / <input type="checkbox"/> No	
# of batteries replaced? *	If yes, what hazard?	

I am a resident of the home located at the address found above. I acknowledge that today I received the services indicated in the Services Provided section. I have also received instruction in the proper use and maintenance of smoke alarms. I understand that smoke alarm(s) make a sound to warn persons in my home in the event of a fire, but that smoke alarms work only if they have been properly maintained. It is my responsibility to maintain the smoke alarm(s) in my home per the manufacturer's recommendations and to test my smoke alarms monthly. It is also my responsibility to make sure that I have the appropriate number of smoke alarms in my home and that the smoke alarms are in appropriate locations. The American Red Cross and its partners are not responsible for determining the appropriate number or placement of smoke alarms.

Your signature indicates that you have read the information above and that you agree with its content.

Resident's Printed Name *

Red Cross/ Partner Printed Name *

Resident's Signature *

Red Cross/ Partner Signature *

Date: ____/____/____ *

Date: ____/____/____ *

Initial Assessment Upon Visit	
How many people live here? *	How many pre-existing smoke alarms does the household already have?
How many youth ages 17 and under live here?	How many pre-existing smoke alarms are working?
How many adults ages 65 and older live here?	Is a bedside alarm needed for people who are deaf or hard of hearing? * <input type="checkbox"/> Yes / <input type="checkbox"/> No
How many individuals with a disability, or an access or functional need live here?	Additional Notes:

Optional Reporting Fields	
Optional 1.	Optional 2.
National Coalition Org(s)	Local Coalition Org(s)

Information for Future Follow-up	
Did the client provide contact info? * Yes / No	Email Address
Cell Phone Number	Other Phone Number

Administrative Section	
Has this record been entered into the online portal? Yes <input type="checkbox"/>	
If data has been entered into the online portal, what date was it submitted? ____/____/____	