



# Comanche Nation Injury Prevention

## Home Fire Safety Program



Name: \_\_\_\_\_ CDIB#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ [Home] [Cell] May we text? Y or N

Type of Home: Brick[ ] Wood[ ] Manufactured (trailer)[ ] Housing [ ]

How many Bedrooms? \_\_\_\_\_

How many people live in the home? \_\_\_\_\_

### **HOUSEHOLD MEMBERS**

NAME	AGE	HANDICAPPED? YES/NO

Would you like to pick up fire safety items or have them installed? Pickup [ ] Install [ ]

If not pick up, what days and times are your preference? \_\_\_\_\_

I hereby waive any cause of action that I may have now or in the future or that anyone else may have by or through me, arising out of the malfunctioning of the smoke detector(s), CO detector(s), or the battery(ies), whether or not used in accordance with the manufacturer's instructions.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_