



Comanche Nation Injury Prevention Smoke Detector Program

Name: _____ CDIB #: _____ Date: _____

Address: _____ Telephone #: _____

City: _____ State: _____ Zip Code: _____

Elder Age(s): _____ Male: _____ Female: _____

Handicapped: Yes ___ No ___ Family size: _____

Are there children in home? Yes ___ No ___ If so what age(s): _____

Type of home:

Brick: _____ Wood Frame: _____ Manufactured (trailer): _____ HUD: _____

Age of home: _____ Is there a working smoke detector? Yes ___ No ___

_____ **Office use only** _____

Smoke Detector Received? Yes ___ No ___ If so how many Sm.? _____ Lg.? _____

Date Smoke Detector Installed: _____

Client's Signature: _____

Injury Prevention Signature: _____

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