



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? *	Yes / No
# of new 9-volt smoke alarms installed and tested? *	Did the resident(s) review the Home Fire Safety Checklist? *	Yes / 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? *	Yes / 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? * Yes / 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? ____/____/____	

BOARD OF COUNTY COMMISSIONERS OF BRADFORD COUNTY, FLORIDA

BRADFORD COUNTY SERVICE ACKNOWLEDGMENT FORM

APPLICANT NAME: _____
PROPERTY OWNER NAME: _____
HOME ADDRESS: _____
CITY: _____ ZIP CODE: _____
TELEPHONE: _____ (BEST CONTACT NUMBER)
NUMBER OF BEDROOMS: _____ HALLWAYS: _____

SERVICES PROVIDED

NUMBER OF SMOKE DETECTORS INSTALLED: _____ (NUMBER)
HOME FIRE SAFETY SURVEY COMPLETED: _____ (YES/NO)
OTHER: _____

ACKNOWLEDGEMENT

I, _____, the undersigned, am a resident of the home located at the address found above. I hereby acknowledge that today I received the services indicated in the "Services Provided" section above. I also hereby acknowledge that I have received instruction in the proper use and maintenance of smoke alarms. I further understand that smoke alarm(s) make a sound to warn persons in my home in the event of a fire, but that smoke alarms only work if they have been properly maintained. I further understand, acknowledge and agree that it is my responsibility to maintain the smoke alarm(s) in my home pursuant to the manufacturers' recommendations and to test my smoke alarms monthly. I also understand, acknowledge and agree that it is my responsibility to make certain that I have the appropriate number of smoke alarms in my home and that the smoke alarms are in appropriate locations. The Board of County Commissioners of Bradford County, Florida, their employees, agents, assigns, successors and partners are not responsible for determining the appropriate number of smoke alarms for my home or the proper placement of and maintenance of smoke alarms in my home.

My signature below indicates I have read the above and foregoing and I agree to the same.

RESIDENT (printed name)

RESIDENT (signature)

DATE

ADMINISTRATIVE INFORMATION

INSTALLER: _____ DATE: _____
EQUIPMENT INSTALLED: _____