

# Deaf/Hard of Hearing Smoke Alarm Program

803.896.9825 | FIRESAFESC@LLR.SC.GOV

For deaf/hard of hearing residents of South Carolina, this program provides technology to supplement smoke alarms. Technology commonly known as a “bed shaker,” works with smoke alarms to notify deaf/hard of hearing individuals of a possible life-threatening fire emergency.

Once qualified, an applicant’s information is forwarded to his/her local fire department. The South Carolina Office of State Fire Marshal will support the local fire department to fulfill the request.

## Qualifying Standards

An interested applicant must meet the following three criteria:

- Be six (6) years of age, or older, at the time of request
- Be a permanent resident of South Carolina
  - Acceptable forms of identification to establish residency\*
    - Current [South Carolina Department of Motor Vehicle’s Driver’s License](#) (SCDL)
    - Current [South Carolina Department of Motor Vehicle’s Identification Card](#) (SCID)
    - Current [SC Voter’s Registration Card](#) (SCVRC)
- \*If applicant is a minor, please submit a copy of the parent/guardian’s identification.
- Deaf/hard of hearing certification by one of the licensed medical professionals listed below (see application portion)
  - Audiologist
  - Physician
  - Physician’s Assistant
  - Advanced Practicing Registered Nurse
  - Speech-Language Pathologist
  - Hearing Instrument Specialist

## Questions or to remit applications

**South Carolina Office of State Fire Marshal  
Community Risk Reduction Section**

Attention: Community Risk Reduction Team  
141 Monticello Trail  
Columbia, SC 29203  
Phone: 803-896-9825  
FAX: 803-896-9806  
Email: [FireSafeSC@llr.sc.gov](mailto:FireSafeSC@llr.sc.gov)

**Right to Fair Treatment:** The South Carolina Office of State Fire Marshal will not discriminate against an individual because of color, race, sex, age, national origin, religion, marital status, political beliefs, or disability.

**Privacy Notice:** The South Carolina Office of State Fire Marshal will follow the privacy practices of section 30-4-40 (a) (2) of the South Carolina Code of Laws Ann. (1978 as amended).

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**Applicant** Complete the “applicant” portion. Afterwards, send the form to a licensed professional certifier as listed below for certification.

**Certifier** Complete the “certifier” portion. The applicant is requesting a costly specialized smoke alarm that, in the event of smoke alarm activation, will vibrate his/her bed. Please verify the applicant is deaf/hard of hearing for distribution of this device.

**Applicant**

Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

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

SC ID Number: \_\_\_\_\_ Circle ID Type: SCDL, SCID, or SCVRC

**Certifier**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Company Name: \_\_\_\_\_ State License or Certification Number: \_\_\_\_\_

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

**Acceptable Licensed Profession**

- Audiologist
- Doctor/Physician
- Physician Assistant (PA)
- Advanced Practice Registered Nurse (APRN)
- Speech-Language Pathologist
- Hearing Instrument Specialist

<b>Internal SC OSFM Use Only</b>		<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
Date of Receipt: _____		Processed by: _____	
Fire Department	Chief	Phone	

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