American Red Cross

Partner Direct Service Acknowledgment Form

V 1/1/2019

Home Address		
Address *	Apartment or Mobile Home # * Mark "NA" if Not Applicable	
City *	State *	Zip * ___ ___ ___ ___ ___

Services Provided	
# of new smoke alarms installed and tested? *	Did the resident(s) create a fire escape plan? * Yes / No
# of new bed shaker alarms installed and tested (DHH) *	Did the resident(s) review the Home Fire Safety Checklist? * Yes / No
Serial number(s) of any new bed shaker alarms *	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 at the address above. Today, I received the services indicated on this form. I also received instructions about how to use and maintain smoke alarms. It is my responsibility to maintain the smoke alarm(s) per the manufacturer's recommendations and to test the alarm(s) monthly. It is also my responsibility to make sure I have the appropriate type of smoke alarms in my home. Different types of alarms, ionization and photoelectric, detect fires differently and experts recommend having both types. It is additionally my responsibility to make sure that I have the appropriate number of smoke alarms and that the alarms are in appropriate locations. Furthermore, the American Red Cross and its partners are not responsible for determining the appropriate type, number or location 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? *	Additional Notes:
How many individuals with a disability, or an access or functional need live here? *	
How many veterans, military members, or military family members live here? *	

Partner Reporting	Region Designated Reporting Fields
National Partner *	Optional 1.
Local Partner(s) *	Optional 2.

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

Administrative Section: Complete Section Below after Record is Entered into the Online Reporting Portal	
Who entered the record into the online reporting portal?	
What date was record submitted into the online reporting portal?	____/____/_____