

# Alert and Aware Application

This application is for the subsidization or provision of a bedroom fire alert system for individuals with reduced hearing residing in Newfoundland and Labrador. If you have any questions about this application or require assistance, please contact the Canadian Hard of Hearing Association-Newfoundland and Labrador (CHHA-NL) by means of any of the following means of contact:

**Phone/TTY:** 1-888-753-3224

**Text:** (709) 725-3224 ext. 229

**Fax:** (709) 753-5640

**In person meeting:** by appointment only

**Email:** [alerts@chha-nl.ca](mailto:alerts@chha-nl.ca)

**Mail:** 1081 Topsail Rd

Mount Pearl, NL A1N 5G1

Applicant Information			
Name of APPLICANT (person requiring fire alert system):			
<b>Contact Information of APPLICANT:</b>			
Physical address (if different from mailing address):			
Mailing address:			
Community (City/Town):		Province:	
Postal code:		Email:	
Telephone:			
Home:	Work:	Mobile:	
Text:		TTY:	
Please specify preferred method of contact:			
Date of birth of applicant:	Month:	Day:	Year:
Marital Status (if applicant is 18 years of age or older and not a dependant):			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common law <input type="checkbox"/> Other (please state) _____			

## Applicant Information (con't)

**Name of person completing this application** (*if different from applicant*)

Name: \_\_\_\_\_ Relationship to applicant  
(ex. Parent, power of attorney/trustee): \_\_\_\_\_

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

## Household Information (Complete Information below for proposed recipient)

Including the applicant, how many people reside in the household?

## Financial & Family Information

**Number of Dependants in the Household:**

**Household Income:** Choose the appropriate category and provide net income for the previous year

- Single: Individual annual net income \$ \_\_\_\_\_
- Spouse/partner: Combined annual net income of couple \$ \_\_\_\_\_
- Dependant (under 18 years of age): Combined annual net income of parents/guardians \$ \_\_\_\_\_

## Verifying Documents Checklist

### Required by all applicants

Please provide one form of documentation verifying hearing loss or deafness (audiogram, letter from Doctor, itinerant teacher, hearing care professional) :

- Yes, documentation verifying hearing loss or deafness is enclosed

### Required by all applicants

Notice of Assessment for the last complete financial year from Canada Revenue Agency (Phone: 1-800-959-8281, TTY: 1-800-665-0354) to support single or combined annual household income is enclosed or attached :

- Yes, I have enclosed Notice of Assessment(s) documenting net household income

### Required by all applicants

Consent for release of financial information for all persons to be used in calculation of net household income (signed and witnessed) is enclosed or attached.

- Yes, I/we have enclosed consent to release my/our financial information

***PLEASE ensure that you attach/enclose ALL the required documentation with your application. Applications will be placed in priority of date/time complete applications are received. Incomplete applications will not be held to the priority of the original submission date but to the date the application is complete with receipt of all required documentation.***

## Declaration

I/we declare that the information and answers given to the questions on this application are true to the best of my/our knowledge. I/we understand that this information will be used to determine eligibility for the Alert and Aware Program. I understand that bedroom fire alert systems supplied through this project are limited in number and will be allocated on a first come-first served basis. I understand that submission of a complete and eligible application does not guarantee the provision of a bedroom fire alert system.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Parent, Power of Attorney or Trustee for Applicant (if applicable):

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Spouse/common law partner** (if applicable to assess household income):

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witness** (required):

\_\_\_\_\_ **Date:** \_\_\_\_\_

## Privacy

The Canadian Hard of Hearing Association respects your right for privacy. All information collected through this project will be kept private and confidential.

Internal Use Only			
Date Received:		All required documentation enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No	Criteria met: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by:	Approval Date:  Applicant notified of status?	Delivery Date and Method: <input type="checkbox"/> In-person <input type="checkbox"/> Mailed <input type="checkbox"/> Other _____



## Alert and Aware Program Consent Form

*This form **must** be completed by **each** person included in the calculation of household income, to accompany their Notice of Assessment from the Canada Revenue Agency for net income.*

I, \_\_\_\_\_ (name) give consent to the Canadian Hard of Hearing Association Newfoundland and Labrador to use my personal financial information as provided in this application for the purposes of determining financial eligibility for the Alert and Aware Program.

**Name** (signature): \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness** (print): \_\_\_\_\_

**Witness** (signature): \_\_\_\_\_

**Date:** \_\_\_\_\_



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I, \_\_\_\_\_ (name) give consent to the Canadian Hard of Hearing Association Newfoundland and Labrador to use my personal financial information as provided in this application for the purposes of determining financial eligibility for the Alert and Aware Program.

**Name** (signature): \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness** (print): \_\_\_\_\_

**Witness** (signature): \_\_\_\_\_

**Date:** \_\_\_\_\_