



# Municipal Fire Safety Information

for Residents with Disabilities and Special Health Needs

Information provided and recorded is confidential and for the purpose of safety. Information provided by or for the resident is voluntary. The person has the option to answer or decline to answer any or all questions.

Municipality: \_\_\_\_\_

Initial  Updated Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Resident's preferred name: \_\_\_\_\_ Resident's preferred pronouns: \_\_\_\_\_

Resident's email address: \_\_\_\_\_ Phone number: \_\_\_\_\_ Other: \_\_\_\_\_

Method of interaction:  Fully independent  Supported by parent, caregiver, guardian, etc.  Needed support \_\_\_\_\_

Primary language : \_\_\_\_\_ Other language? \_\_\_\_\_ Needs alternative/augmented communication:  Yes  No \_\_\_\_\_

Method of communication:  verbal  alternative/augmented communication device  ASL  other \_\_\_\_\_

Mobility : \_\_\_\_\_ Mobility needs/supports:  cane  walker  wheelchair  other \_\_\_\_\_

Residence:  Apartment  House  Other Address \_\_\_\_\_

Describe living arrangement (independently, with family, support personal, service animal, etc.) \_\_\_\_\_

Age of resident: \_\_\_\_\_ Resident's description of disability(ies)/special health need(s): \_\_\_\_\_

Other people in the residence with disabilities or special health needs?  Yes  No \_\_\_\_\_

Who should be notified if there is an emergency such as a fire? \_\_\_\_\_

Are there smoke alarms in the residence?  Yes  No Are alarms operational?  Yes  No Date last tested: \_\_\_\_\_

Does resident need smoke alarms?  Yes  No Does resident need assistance installing?  Yes  No \_\_\_\_\_

Does resident need assistance checking/replacing batteries?  Yes  No \_\_\_\_\_

Does resident have or need alternative/specialized smoke alarms?  Yes  No \_\_\_\_\_

Is there a place inside house, apartment, or building where the resident goes for comfort or likes to hide?  Yes  No \_\_\_\_\_

Does the resident understand fire prevention, incorporating aspects of the disability?  Yes  No \_\_\_\_\_

Does the resident recognize the impact the disability/special health need has on fire safety?  Yes  No \_\_\_\_\_

Has the resident's smoke alarm ever been set off?  Yes  No Cause? \_\_\_\_\_

Is there anything emergency responders should be aware of when responding to an emergency in the residence (special locks, solar panels, etc.)?  Yes  No  
\_\_\_\_\_

Has the resident ever accidentally or intentionally set a fire?  Yes  No \_\_\_\_\_

Does the resident know when and how to report a fire:  Yes  No Are there any challenges calling 911?  Yes  No \_\_\_\_\_

Does the resident have a fire exit plan?  Yes  No \_\_\_\_\_

Is the fire exit plan appropriate for the resident's disability(ies)/special health needs?  Yes  No \_\_\_\_\_

Does the resident practice a fire exit plan?  Yes  No \_\_\_\_\_

Does the resident need assistance developing, adapting, and practicing a fire exit plan?  Yes  No \_\_\_\_\_

Notes and recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



This initiative was funded in part by an Inclusive Healthy Communities Grant from the Division of Disability Services, New Jersey Department of Human Services.

