Grayson's Gift

Bed Shaker and Strobe Specialty Detector Application

Contact Name _____

Address _____

Township _____ Phone Number _____

Email Address _____

Of Adults in the Home _____ # Of Children in the Home _____

Are Individuals that you are applying for: *(Circle)*

DEAF HARD OF HEARING SEVERE COGNITIVE IMPAIRED

Of Individuals in home applying for _____

Name of Individual _____ Age _____ Male or Female

Name of Individual _____ Age _____ Male or Female

How many working smoke detectors are in the home? _____

How many working carbon monoxide detectors are in the home? _____

How were you referred to Grayson's Gift Program?

_____

Date submitting application: _____

Please return completed application to:

Grayson's Gift

2997 E. Higgins Lake Drive

Roscommon, MI 48653

Contact Information:

(989) 821-9813 Ext. 240

(989) 821-5207 Ext. 291