

McKean County Partner-Safe Kids Pennsylvania Carbon Monoxide Detector Program

Applicant Information- Please Fill Out the Form Completely:

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Household: _____
Number of Residents in the

Number of Children _____
in the Household: _____ *Ages:*

Program Guidelines and Information

I/We Acknowledge that Carbon Monoxide Detector should be installed near sleeping areas and 15 feet away from fuel burning appliances.

I/We acknowledge that the Carbon Monoxide Detector is provided as a public service and in the interest of public safety.

I/We agree to hold harmless the sponsoring organization(s) from all liability and damages for injury or death from misuse or neglect.

Program Guidelines (Must meet all guidelines)

- McKean County Residence Financial Need
 - Children reside in the home Carbon Monoxide Detector
- Must participate in a short survey at least 30 days after receipt of

Program Participant Signature _____

Date: _____

To be completed by CARE for Children Staff:

Distributed by: _____
Date: _____
Number of CO2 Detector _____
Follow Up Survey Conducted by: _____
Date: _____

