



RAMP APPLICATION

269-345-1516 x107

Hank Bostic, Program Director

Please complete this application and return this application to:

Disability Network Southwest Michigan

Attn: Ramp Program

517 E. Crosstown Parkway, Kalamazoo, MI 49001

PERSONAL INFORMATION

Name: _____

Email Address: _____

Street: _____

City: _____ Zip: _____

Township: _____ County: _____

Phone #: _____ Alternate Phone #: _____

Date of Birth: ____/____/____ Age: _____

Primary Disability: _____ Secondary: _____

Are you a full-time wheelchair user? yes no Are you a veteran? yes no

Please describe how you will benefit from a ramp:

OFFICE USE ONLY

Date Received: ____/____/____

Funding Eligibility: _____

Home Visit Date: ____/____/____

Builder: _____

Build Date: ____/____/____

Post Construction Visit Date: ____/____/____

FINANCIAL INFORMATION

The information supplied in this section should be based on the **entire household** and therefore include income and assets of **everyone in the home**.

Monthly Income

Current Asset Balances

\$ _____	Take-home wages	\$ _____	Savings Account
\$ _____	DHS Benefits	\$ _____	Checking Account
\$ _____	Food Stamps	\$ _____	Other Asset Account(s)
\$ _____	Social Security Income		
\$ _____	Other - please specify: _____		
\$ _____	TOTAL Household Income		

Note: Proof of income to document funding eligibility may be required before approval.

How much money can you contribute toward your ramp? \$ _____

PROPERTY/OWNERSHIP INFORMATION

How long have you lived at this address: _____ How many people in your home? _____

Do you Rent or Own your home?

If you rent your home, a letter from the property owner is required for permission to build a ramp on your behalf. If you already have permission from the owner/landlord please enclose a letter stating permission to build.

Landlord/Owner's Name: _____
 Address: _____
 Phone: _____

If mobile home park, name of park: _____

If you own the property you will be required to approve the ramp design with your signature before it is built.

INSURANCE INFORMATION

Do you have Medicare Medicaid MI Health Link Aetna Meridian

Other Insurance: _____

Have you checked or requested insurance coverage for this ramp? yes no

AUTHORIZATION

I confirm that I have read the above information and that the information I have provided is true and accurate.

Ramp Recipient Signature

Date

RELEASE OF INFORMATION

I, *(name:)* _____, give Disability Network Southwest Michigan permission to provide my name, address, and phone number to the volunteer contractor, material supplier or funder as needed to construct my ramp. I understand that the contractor will need to talk with me and schedule a site visit to determine my ramp needs, the area my ramp can be placed, take measurements for ramp layout as well as other issues related to ramp construction.

Ramp Recipient Signature

Date

PHOTO RELEASE

I, *(name:)* _____, hereby grant permission to Disability Network Southwest Michigan to use my photograph or a videotape of me related to my ramp construction on its website/social media sites or in other official publications and promotions without further consideration, and I acknowledge its right to crop or treat the photograph or videotape at its discretion.

I also acknowledge that Disability Network Southwest Michigan may choose not to use my photo or videotape at this time, but may do so at its own discretion at a later time.

Disability Network Southwest Michigan reserves the right to discontinue use of photos or videotape without notice.

Ramp Recipient Signature

Date

RELEASE OF LIABILITY

I, (name:) _____, release Disability Network Southwest Michigan of any liability or responsibility related to the ramp provided to me by Disability Network Southwest Michigan's Ramp Up program. Further, I release Disability Network Southwest Michigan and its employees or agents from any and all liability of any kind or nature concerning the use of the ramp should any injury or damages occur with its use or during my occupancy of the residence. I understand it is my responsibility to remove the ramp from the property, if necessary. By signing this release, I assert everything herein is true and agree to the guidelines of this program.

Ramp Recipient Signature

Date



Disability Network Southwest Michigan
517 E. Crosstown Parkway
Kalamazoo, MI 49001

(269) 345-1516
www.dnswm.org