

Attached please find the ramp application for your home.

Please complete the application completely and return it in the enclosed envelope. We work to build as many ramps as possible in your area, however, we are limited by funding for the materials and the availability of volunteer builders.

Completing this application will place you on the waiting list but in no way guarantees when and if we will be able to meet your need. It is not necessary to send in proof of income at time of application, but may be required before ramp construction can begin.

Feel free to call with questions about your ramp as needed. We will follow up with you as your name comes up on the waiting list.

Thank you for your patience.

Sincerely,

Laurie Grimm
Ramp Up Coordinatoor
345-1516 ext 115

Kalamazoo: 517 E. Crosstown Parkway, Kalamazoo, MI 49001 (269) 345-1516

Berrien/Cass: 2900 Lakeview Avenue, St. Joseph, MI 49085 (269) 985-0111

Toll Free: 877-674-5209 www.dnswm.org 

Serving Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and VanBuren Counties



RAMP APPLICATION

Please complete this application and return this application to the appropriate Disability Network Southwest Michigan office:

Kalamazoo Office
517 E. Crosstown Parkway
Kalamazoo, MI 49001
(269) 345-1516

St. Joseph Office
2900 Lakeview Avenue
St. Joseph, MI 49085
(269) 985-0111

PERSONAL INFORMATION

Name: _____

Street: _____

City: _____, MI Zip: _____

Phone #: _____ Alternate Phone #: _____

Date of Birth: ____/____/____

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: _____

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

\$ _____ Take-home wages

\$ _____ DHS Benefits

\$ _____ Food Stamps

\$ _____ Social Security Income

\$ _____ Other – please specify: _____

\$ _____ **TOTAL Household Income**

Current Asset Balances

\$ _____ Savings Account

\$ _____ Checking Account

\$ _____ Other Asset Account(s)

Note: Proof of income to document funding eligibility (i.e. tax return, bank statements, Social Security income etc.) will be required before final 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 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

