

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,

Karen Halsted  
Program Manager  
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](http://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

**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



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