



# RAMP APPLICATION

Please complete this application and return this application to:

Disability Network Southwest Michigan  
Attn: Laurie Grimm  
517 E. Crosstown Parkway  
Kalamazoo, MI 49001

## PERSONAL INFORMATION

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_, MI 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**

\$ \_\_\_\_\_ 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 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](http://www.dnswm.org)