

**United Way of Monroe County Project Ramp**

**INTAKE FORM**

Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Township: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Rent       Own      Number of years at current resident: \_\_\_\_\_

If renting, landlord's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Number in Household: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Source of Income: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Comments regarding Income/Expenses: \_\_\_\_\_

\_\_\_\_\_

Entrance to be used:     Front       Back       Side

Height of entrance (ground to doorway in inches): \_\_\_\_\_

How often would ramp be utilized to leave home? \_\_\_\_\_

Physical condition and reasons that require a ramp. Please be specific: frequency of doctor appointments, caregiver limitations, social events, etc.) \_\_\_\_\_

\_\_\_\_\_

Are you a Veteran?     Yes       No

Referring Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Please include any additional comments on the back of this application.

The Monroe County Ramp Project will not discriminate against any individual or group because of race, sex, age, national origin, color, religion, marital or parental status, handicap, labor affiliation or political beliefs.

If needing assistance completing this form, please call Collin Keehn AFL-CIO Community Services Liaison at 734-242-1331.

Return completed form to: United Way of Monroe/Lenawee Counties,  
216 N Monroe St, Monroe, MI 48162.