

QuickRamps for Kids® Application

Step 1 - Provide Basic Child and Family Information and Sign

Child's Name: _____

Child's Date of Birth: _____

Medical Diagnosis: _____

Address: _____

City/State/ZIP: _____

Phone: _____

E-mail (if available): _____

Name of parent/guardian
making application: _____

Name of doctor verifying need
for ramp: _____

I certify that all information above is true.

Parent/Guardian Signature

Date

Step 2 - Read and Initial Program Conditions

1. I understand that a complete application package is my responsibility. A complete application package includes three parts: this **application form**, a **signed photo release** (attached), and the authorizing **doctor's script**. Incomplete application packages will not be processed.

Initial: _____

2. I understand that the number and availability of ramps is limited by the program funding available. I understand that even a complete application package does not guarantee my child a ramp. If this happens, my application will be placed on the waiting list and I will be contacted when additional funding becomes available.

Initial: _____



23077 Greenfield Rd. Suite 205 Southfield, MI 48075
248.557.5070 fax: 248-557-0224

1325 S. Washington Ave. Lansing, MI 48910
517.203.1200 fax: 517.203.1203 mi-ucp.org



3. I understand that I am obligated to return the QuickRamp to UCP/Detroit in the event my child/family no longer needs it, so that another family may benefit from a QuickRamp.

Initial: _____

4. I understand that QuickRamps for Kids is funded by a generous grant that is intended to help families who have exhausted traditional funding sources.

I have looked for other funding sources ___ Yes ___ No

If Yes, what sources? _____

Initial: _____

5. I understand that UCP/Detroit is providing a funding mechanism only and is not responsible for the performance or warranty of the ramp.

Initial: _____

6. I agree to forward photos of my child using the ramp based on the guidelines identified on the signed photo release form.

Initial: _____

Step 3 - Tell us Your Story

Please provide a few lines to explain why your child needs a QuickRamp. What problems will it solve? How will it help your child? Your family? Attach another page if you need more space!

Step 4 - Measure for the Length of Ramp Needed

For us to calculate the ramp length that best meets your needs, we need to know the rise of your porch. The rise is the **total number of inches straight up from the ground to the surface where the top of the ramp will rest.** This will determine whether or not a portable will meet your needs and if so, what length will be most appropriate.

_____ inches



**QuickRamps
for Kids®**

23077 Greenfield Rd. Suite 205 Southfield, MI 48075
248.557.5070 fax: 248-557-0224

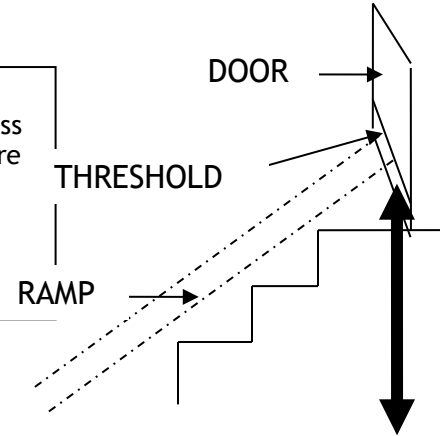
1325 S. Washington Ave. Lansing, MI 48910
517.203.1200 fax: 517.203.1203 mi-ucp.org





Measure straight up, in inches, from the ground to surface where the top of the ramp will rest. This is the rise.

If ramp is going to sit from the threshold (bottom of doorway) across a porch and down the steps, measure only the straight up and down height/rise as indicated, from the threshold straight down to the ground.



Step 5 - Provide Authorizing Doctor Script

The script is attached.

The doctor will fax the script to UCP/Detroit.

If doctor is faxing, tell him/her to be sure to **clearly write your child's name, date of birth and disabling condition** so that we may link it to your application.

Step 6 - Complete and Attach the Photo Release

Step 7 - Mail, fax or email all three parts* of the application to:

MI-UCP
Attention: Kathy Tourneur
23077 Greenfield Road, Suite 205
Southfield MI 48075
Phone 248-557-5070
Fax 248-557-0224
Email ktourneur@ucpdetroit.org

Then - sit back, relax and wait for us to call you!

* The three parts are: this application form, the photo release and the doctor's script.



23077 Greenfield Rd. Suite 205 Southfield, MI 48075
248.557.5070 fax: 248-557-0224

1325 S. Washington Ave. Lansing, MI 48910
517.203.1200 fax: 517.203.1203 mi-ucp.org

