

APPLICATION FOR A WHEELCHAIR RAMP – PLEASE PRINT

Your application will not be processed until we receive this completed form along with all other required documents from the Homeowners checklist. Bring or mail these documents to:

DISABILITY SERVICES RESOURCE CENTER
1820 N. TRUMBULL DRIVE, BAY CITY, MI 48708-5444
PHONE: 989-895-5444 FAX: 989-895-3917

Applicant's Name: _____

Address: _____

Cross Streets: _____

Township: _____ Phone Number: _____

Social Security Number: _____ Birth Date: _____

Do you own or rent this home? _____

How many steps are located at the site where you need the ramp? _____

Is the ramp needed at the front, back or side door? _____

How many people live in this home? _____ How many people in this home are disabled? _____ and what are the disabilities? _____

What is the **yearly income of all persons** living in this home? _____

Please explain the circumstances preventing you from providing the ramp on your own: _____

The average cost of materials for a ramp is between \$800.00 and \$1,500. This does not include labor. How much can you contribute to the cost? _____

Date: _____

Signature of applicant _____

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1820 N. Trumbull Dr. Bay City, MI 48708-5444
989-895-5444
Fax 989-895-3917
donnacl@sbcglobal.net

RELEASE OF LIABILITY FORM

DSRC WHEELCHAIR RAMP BUILT FOR AN INDIVIDUAL

The client named below shall assume all risk and liability from the use of the wheelchair ramp built for him/her by DSRC, whether used alone or in combination with other equipment.

The client themselves, heirs, administrators, executors, and assigns shall hold DSRC, their Board of Directors, staff, and volunteers harmless against all claims, demands, and liability for any loss, damage, injury or other causality to persons or property, whether to the client or third persons or to their property, caused by or happening in connection with the use of a DSRC wheelchair ramp.

Wheelchair ramps built for DSRC clients are the property of DSRC and it is the responsibility of the client and/or family to inform the agency when the ramp is no longer needed.

If stairs must be removed and/or are dismantled to accommodate ramp DSRC is not responsible for replacement of said stairs.

DSRC makes no warranty of any kind, express or implied, regarding or arising out of the use of the DSRC wheelchair ramp.

There are no oral agreements or warrants outside of this document.

DATE _____
Signature of person receiving a wheelchair ramp.

Print name, address and phone number.

HOMEOWNER CHECKLIST FOR RAMP REQUEST

- _____ HAVE I FILLED IN ALL THE BLANKS ON THE RAMP APPLICATION?

- _____ DO I HAVE THE DOCTOR'S PRESCRIPTION STATING MY DIAGNOSIS AND THE NEED FOR A RAMP? (PRESCRIPTION MAY BE DROPPED OFF OR YOUR DOCTOR CAN FAX IT TO 989-895-3917)

- _____ DO I HAVE PROOF OF INCOME FOR ALL PERSONS LIVING IN MY HOME? (IN THE FORM OF A TAX RETURN AND/OR SOCIAL SECURITY BENEFIT LETTER)

- _____ HAVE I SUBMITTED & SIGNED THE LIABILITY RELEASE FORM?

- _____ HAVE I CALLED DSRC ABOUT ANY QUESTIONS I HAVE (989-895-5444)?

- _____ HAVE I APPLIED FOR AND RECEIVED A BUILDING PERMIT?

- _____ PROOF OF ADDRESS? (IN THE FORM OF ID, DRIVER'S LICENSE OR UTILITY BILL)

- _____ **HAVE I TAKEN OR SENT THESE DOCUMENTS TO DSRC, 1820 N. TRUMBULL, BAY CITY, MI 48708-5444**