

## 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

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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!

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### 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



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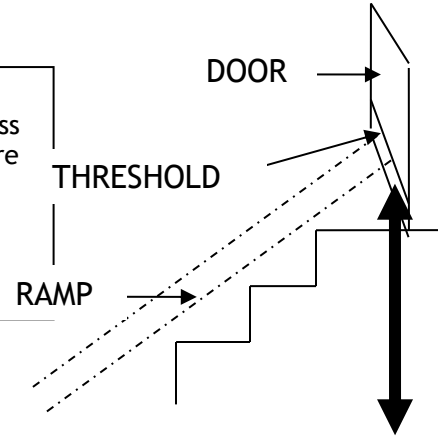
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Measure straight up, in inches, from the ground to surface where the top of the ramp will rest. This is the rise.

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@mi-ucp.org](mailto:ktourneur@mi-ucp.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.



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I, \_\_\_\_\_, give permission for  
*Please print name*

MI-UCP to use photographs of my child \_\_\_\_\_  
*Please print name*

for the following purposes:

*(Please indicate YES or NO)*

Permission	YES	NO
With identification of child by <b>full name and city</b> for use in confidential grant proposals.		
With identification of child by <b>first name</b> on the MI-UCP Website, in the MI-UCP Newsletter, in photo collages in the MI-UCP office, and in other UCP materials.		
With <b>no identification</b> of child on the MI-UCP Website, in the MI-UCP Newsletter, in photo collages in the UCP/Detroit office, and in other UCP materials.		

MI-UCP is committed to preserving the dignity of people with disabilities and their families. **You have our commitment that photographs will never be used for 'pity' campaigns.** You also have our promise that photographs and names will never be sold for commercial (or any other) purpose.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

Address and Phone Number:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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