

Critical Access Ramp Program Application

A person who needs a ramp and doesn't have one can easily become trapped and isolated in their own home. When ordinary porch steps become an insurmountable barrier, getting to critical medical appointments, visiting friends and family, or even just going for a stroll can be an overwhelming struggle.

This grant was developed to provide those who meet program guidelines with a high quality, movable wheelchair ramp, which can be taken down and re-installed at a variety of sites. The ramp designs meet the standards of the ADA as well as other local standards.

The Critical Access Ramp Program has been used throughout the state of Maine to provide quality ramps to individuals.

Note: Alpha One is unable to provide ramps with our Critical Access program to residents of Bangor, Biddeford, Brunswick, and Lewiston-Auburn. These cities have their own Block Grants. Please contact your city for more information.

If you wish to apply for these services, complete the Critical Access Ramp Program application and the Benefit Information form. Please also provide proof of household income to avoid application delays.

**Return the application along with proof of household income
via mail, email, or fax:**

Alpha One
PO Box 1870
Portland, ME 04104

Email: info@alphaonenow.org

Tel: 800-640-7200

Fax: 207-799-8346



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The objective of this program is to provide a wheelchair ramp in an efficient, timely manner that will give someone with a disability effective access to their current home. This program is intended for those who meet HUD Low/Moderate Income guidelines and who would otherwise not be able to acquire a ramp.

<p>Full Name: _____</p> <p>Street Address: _____</p> <p>Mailing Address (If Different): _____</p> <p>Town, State, Zip: _____</p> <p>SS#: _____ Date of Birth: _____</p> <p>Phone: _____ Email: _____</p> <p>Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Diagnosis/ Disability: _____</p> <p>_____</p> <p>Description of Home Access Situation (How many steps?): _____</p> <p>_____</p>

<i>An applicant must meet the following criteria to qualify for the program:</i>	
I reside in the property being considered for a ramp:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My disability prevents me from using standard steps independently or effectively.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that this program is a program of last resort. To the best of my knowledge, I am not eligible for, nor do I have access to any further funding or other resources that would help me affordably acquire a ramp in a timely manner.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>Type of Home: <input type="checkbox"/> Mobile <input type="checkbox"/> Stick Built</p> <p>Age of Home: _____</p> <p>Does your home currently have working Smoke Detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does your home currently have working Carbon Monoxide Detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(If not, Alpha will provide these.)</i></p>



Critical Access Benefit Information

Your response to the following questions is critical in finalizing the application process. Our funding source requires answers to the following questions. All responses will be kept confidential and used solely for determining eligibility for potential CDBG grant funds.

Beneficiary Information

Race/ Ethnicity

Indicate by putting the appropriate number of individuals residing in the household for each of the following groups:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> non-Hispanic |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Asian and White | <input type="checkbox"/> American Indian/Alaskan Native and Black |
| <input type="checkbox"/> Hispanic | Other: _____ |

County: _____ Town: _____

Household Information

Indicate by putting the appropriate number of individuals residing in the household for each of the following groups:

- Head of Household: Male Female Do you own or rent your home? Own Rent
- Total Number in Household: _____ Household Income: _____
- Number of Elderly Persons: _____ Number of Severely Disabled Persons: _____

Please provide documents- IRS 1040, Social Security, SSI for income purposes.

Applicant Signature: _____ **Date:** _____

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- | | |
|--|--------------|
| Confirmation of Disability | Date: |
| Flood Plain Verification | Date: |
| Historic Preservation Authorization | Date: |
| <input type="checkbox"/> Application is approved | Explanation: |
| <input type="checkbox"/> Application is not approved | _____ |

Alpha One Signature: _____ **Date:** _____

