



United Cerebral Palsy of Metropolitan Detroit
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: _____

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.

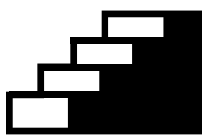
Initial: _____

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.**



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

_____ Inches

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:

United Cerebral Palsy of Metropolitan Detroit
Attention: Pat Dwelle
23077 Greenfield Road, Suite 205
Southfield MI 48075
Phone 248-557-5070
Fax 248-557-0224
Email pdwelle@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





United Cerebral Palsy of Metropolitan Detroit

QuickRamps for Kids® Photo Release

I, _____, give permission for
Please print name
 United Cerebral Palsy of Metropolitan Detroit to use photographs of
 my child _____ for the following
Please print name
 purposes:

(Please indicate YES or NO)

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

United Cerebral Palsy of Metropolitan Detroit 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:

