



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.

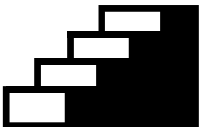
Initial: _____

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.