



Handicap Ramp Application

HFHNEI has two main criteria for determining if the application has a qualified need:

1. Is this request a permanent need? – We do not build for clients that only temporarily need a ramp.
2. Is this request based on financial hardship? – If you are working with an agency that has determined you have a financial need, their qualification will be accepted. If you are not working with an agency you must complete the total household inform information

- Person Receiving Ramp Information-

* First Name

* Last Name

* Address -

* City – State – Zip Code

* Person Receiving Ramp Primary Phone

Person Receiving Ramp Email (Using email can speed the request process)

* Do You Rent or Own?

Caregiver Information

Caregiver Full Name

Caregiver Phone Number

Caregiver Relation

Caregiver Email

- Additional Information -

* Wheelchair Type

* Wheelchair Width

* Individual Age Range

* Is The Individual a Military Veteran?

* Does The Individual Have Difficulty Exiting The Home?

* Can The Individual Exit Without Assistance?

* Is The Individual Fearful in an Emergency?

* Number of People in Home

* Household Monthly Income

* Interview Evaluation Comments - Please enter information to support the need for a ramp.

- Landlord Information -

Landlord Full Name

Landlord Address

Landlord - Phone Number

Landlord Email (Using email can speed the request process)

- Referral Information -

* Referring Agency Name

* Referring Person Name

* Referring Person Phone

* Referring Person Email

Agency Address (if changed)

* Agency will fund ramp?

Required fields are marked with (*)

Mailing to: HFNHEI

PO Box 620, Auburn, IN 46706

Email to: mstanley@hfnhei.org