

RAMP Benefit Year 2006 - 2007 (July 2006 - June 2007)

OFFICE USE ONLY

File Number

APPLICANT Female Male

Last Name (PRINT)

First Name

Social Insurance Number

Personal Health Number

Birth Date (yyyy/mm/dd)

Telephone Number

Mailing Address

Apt / Unit No.

Street

City / Town / Municipality

Province

Postal Code

AB

Email Address

CO-APPLICANT Female Male

Last Name (PRINT)

First Name

Social Insurance Number

Personal Health Number

Birth Date (yyyy/mm/dd)

APPLICANT'S MARITAL STATUS

Married Widowed Divorced Separated Single Adult Interdependent Other (Specify):

Did your marital status change in the current or previous year? Yes No

DWELLING INFORMATION

Do you rent or own your home? Own Rent (If renting, please complete the Landlord section below.)

Living with Family (NOT paying rent). Living with Family (paying rent).

TYPE OF HOME

Single Family Multi-Family (e.g. condominium, townhouse, duplex, 4-plex, etc) Mobile Home (enclose a copy of the home insurance policy or bill of sale) Apartment
 Group Home Lives with Family Other (Specify):

LOCATION OF YOUR HOME

In a City, Town, Village or Hamlet On a Farm On an Acreage In a Mobile Home Park
 On an Indian Reserve Treaty No. Other (Specify):

Band Name:

LANDLORD - If you rent your home, please provide the name, address and telephone number of your landlord.

Last Name (PRINT)

First Name

Telephone Number

Mailing Address

Apt / Unit No.

Street

City / Town / Municipality

Province

Postal Code

AB

Only complete if different from the applicant information above.

WHEELCHAIR USER INFORMATION

State relationship of wheelchair user to the applicant:

WHEELCHAIR USER

Last Name (PRINT)

First Name

Social Insurance Number

Alberta Health Care Insurance Number

Birth Date (yyyy/mm/dd)

Telephone Number

Mailing Address

Apt / Unit No.

Street

City / Town / Municipality

Province

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AB

Describe the nature of your disability:

Attach complete copies of your Personal Income Tax Return or an Option C printout, for last year for all persons residing in the principle dwelling, with all applicable statements. Complete the Statement of Income table below.

OR
If the applicant is receiving Assured Income for the Severely Handicapped (AISH), a copy of a current AISH cheque stub (showing the Medical Services Card, persons covered, and cash amount received) is required. If the AISH applicant earns other income or is receiving a clawback due to overpayment, then a complete copy of the previous year's Personal Income Tax Return must be provided.

ANNUAL INCOME		Applicant (a)	Spouse / Partner (b)	Other Household Income (c)	<p>IMPORTANT INFORMATION</p> <p>Total household income for the previous calendar year is the gross income received by everyone living in the home.</p> <p>You are allowed to deduct \$4,000 for your spouse from the total annual household income, to allow for additional family living expenses.</p> <p>You are allowed to deduct \$300 for each dependent child living in the home.</p> <p>DEDUCTIONS</p> <p>Total Household Income (a + b + c)</p> <p>\$</p> <p>\$ Spousal (\$4,000)</p> <p>\$ Dependent Child (\$300)</p> <p>Total Adjusted Household Income</p> <p>\$</p>
1.	Gross employment Income (salary or wages)	\$	\$	\$	
2.	Net self-employment income (farm, business, professional, commissions)	\$	\$	\$	
3.	Income from rental property	\$	\$	\$	
4.	Room and board from boarders	\$	\$	\$	
5.	Old Age Security Pension	\$	\$	\$	
6.	Net Federal Supplements	\$	\$	\$	
7.	Canada/Quebec Pension Plan	\$	\$	\$	
8.	Other pensions (e.g. employer, disability, foreign, Worker's Compensation)	\$	\$	\$	
9.	Widow's Pension, Social Assistance, Alberta Seniors Benefits, Veteran's Allowance, A.I.S.H.	\$	\$	\$	
10.	Employment Insurance Benefits	\$	\$	\$	
11.	Interest (e.g., bank accounts, bonds, debentures, annuities)	\$	\$	\$	
12.	Alimony or child support payments	\$	\$	\$	
13.	Other income which includes: Bursaries, Indian Band Royalties, RIF Income	\$	\$	\$	
Totals		(a)	(b)	(c)	
		\$	\$	\$	
		Total Adjusted Household Income			
		\$			

To be eligible for the program the Total Adjusted Household Income must be \$34,900 or less.

1. Have any wheelchair modifications already been made to accommodate wheelchair user(s)? Yes No
If Yes, please specify:

2. Describe the proposed wheelchair modifications: *(enclose drawing, sketch, and at least one estimate [preferably two])*

3. Have you applied, or plan to apply to any other program for financial assistance? Yes No

Check all that apply:

RRAP
(Residential Rehabilitation
Assistance Program)

RRAP - D
(Residential Rehabilitation
Assistance Program - Disability)

HASI
(Home Adaptation for
Seniors Independence)

Other - please specify: _____

4. Have you received financial assistance from any other program? Yes No

Source _____

Amount \$ _____

Alternate Contact Person (if required)

Name of Contact Person (PRINT)

(_____)
Telephone Number

Address of Contact Person

Street City/ Town/ Village

Relationship to Applicant

Province Postal Code

In order to be eligible, the applicant / co-applicant must:

- be a Canadian citizen or have been lawfully admitted to Canada for permanent residence; and,
- live in the home, which is the principal residence for which the grant is being applied for;

and agree to:

- provide Alberta Seniors and Community Supports with any further income information or documentation as requested;
- give permission to access any information and/or persons needed to assess the application; and,
- allow Alberta Seniors and Community Supports staff access to the home.

The applicant / co-applicant agree to the following terms and conditions.

1. The grant is to be used for the sole purpose of completing wheelchair modifications required to make the property wheelchair accessible. If the grant is not used for this purpose, the total amount of the grant must be repaid to the Ministry of Seniors and Community Supports.
2. Provide the Ministry of Seniors and Community Supports with any information, and/or give permission to access any information required, that will be needed to assess the application.
3. Any unused grant funds must be returned to the Ministry of Seniors and Community Supports, or it becomes a debt due to the Crown.
4. The Ministry of Seniors and Community Supports must approve the original Wheelchair Modification Proposal form and any changes that are made thereafter.
5. All wheelchair modifications must be completed in accordance with municipal permits and in accordance with all applicable building codes and standards, as well as RAMP guidelines.
6. To establish program eligibility, serial numbers for all used wheelchair lifts being installed must be provided prior to purchase and payment of the grant.
7. The grant may not be used to pay the value of your own labour, or the labour of any members of your household if you own a share, or all, of the property that is to be modified.
8. All wheelchair modifications must be completed no later than three (3) months after the date of the approval letter. Copies of paid invoices and/or receipts in support of the approved use of the grant are to be provided to the Ministry of Seniors and Community Supports no later than fourteen (14) days following the completion of the wheelchair modifications.
9. If all or part of the above conditions are not met, the applicant(s) may be required to repay a portion or all of the grant funding to the Ministry of Seniors and Community Supports.

Signatures

This application must be signed before it can be processed.

Signature of Applicant

Clearly PRINT Full Name of Applicant

Date

Signature of Co-Applicant (*if applicable*)

Clearly PRINT Full Name of Co-Applicant (*if applicable*)

Signature of Witness

Clearly PRINT Full Name of Witness

Check **ALL** that apply (only if any of the following describe the person acting on your behalf):

Trustee **Power of Attorney** **Guardian**

NOTE: If applicable, enclose a copy of Trustee / Power of Attorney / Guardianship papers.

I agree to the declaration on Page 4:

_____		_____	
Signature of Trustee / Power of Attorney / Guardian		Date	
_____		()	
Name of Trustee / Power of Attorney / Guardian (PRINT)		Telephone Number	
_____		_____	
Address	Street	City / Town / Municipality	
_____		_____	
Province		Postal Code	

The completed application can be returned in one of the following ways:

Mail to:

Alberta Seniors and Community Supports
Residential Access Modification Program
P.O. Box 927
Edmonton, AB T5J 2L8

Deliver to:

Alberta Seniors and Community Supports
Residential Access Modification Program
4th Floor, Standard Life Centre
10405 Jasper Avenue
Edmonton, AB T5J 4R7

Fax to:

Residential Access Modification Program
(780) 427-0418

Telephone: (780) 427-5760

To call toll free: **310-0000** then dial
(780) 427-5760

This information is being collected under the authority of Sections 4 and 34(1)(a) of the Alberta Housing Act, for the purpose of determining eligibility for the Residential Access Modification Program. The information will not be disclosed to any other person or organization except as authorized by the Freedom of Information and Protection of Privacy Act (FOIP). For further information write or phone the FOIP Coordinator at: Alberta Seniors and Community Supports, P.O. Box 927, Edmonton, Alberta T5J 2L8. Telephone (780) 415-6039, or toll free at 310-0000 and then (780) 415-6039.

OFFICE USE ONLY	File Number
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SECTION A: WHEELCHAIR USER INFORMATION

Name of Applicant (PRINT) _____

Address Apt / Unit No. Street City / Town / Municipality Province Postal Code

AB

Do you presently use a wheelchair? Yes No

If yes, provide the name of the organization or government program that authorized the wheelchair.

SECTION B: MEDICAL STATUS

To be completed by a medical doctor or an occupational therapist (AADL authorizer) concerning the above patient.

Primary diagnosis/disability: _____

Date of onset: _____ Secondary diagnosis/disability: _____

Will the applicant need to use a wheelchair on a regular basis within the next 12 months? Yes No

Briefly explain: (PRINT *clearly*)

SECTION C: PHYSICAL LIMITATION(S) (Check (✓) characteristics below)

1. Nature of Limitations	Mild	Moderate	Severe
a) Activity tolerance			
b) Lower limb strength/coordination			
c) Impaired balance in walking			
d) Impaired balance in climbing stairs			
e) Respiratory impairment			

2. In my opinion, this patient's condition is permanent and the mobility impairment can be classified as:

Mild Moderate Severe

3. Identify what mobility aid(s) and devices the patient currently uses and indicate in what environment(s) these are being used.

Mobility Aid	In Home	Outside Home
a) Manual wheelchair		
b) <input type="checkbox"/> Power wheelchair <input type="checkbox"/> Scooter		
c) <input type="checkbox"/> Cane(s) <input type="checkbox"/> Crutches <input type="checkbox"/> Walker		
d) <input type="checkbox"/> Lower limb prosthesis <input type="checkbox"/> Orthotic braces		
e) <input type="checkbox"/> None		

SECTION D: MEDICAL OPINION

(To be completed by a medical doctor or an occupational therapist (AADL authorizer) concerning the above patient.)

In my opinion and to the best of my knowledge the information provided in this Medical Report is accurate.

Signature of Medical Professional	Date	(stamp)
PRINT Name Clearly	()	
	Telephone Number	

Return this completed Medical Report to your patient or mail / fax directly to:

Alberta Seniors and Community Supports
Residential Access Modification Program
P.O. Box 927
Edmonton, AB T5J 2L8

Fax: **(780) 427-0418**

Telephone: **(780) 427-5760**

To call toll free: **310-0000** then dial **(780) 427-5760**

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