



Director of Home Access

1200 9th Avenue North
Nashville, TN 37208
Email: John_Pickett@ucpnashville.org
Telephone: 615/242-4091
Fax: 615/242-3582
Home Page: www.ucpnashville.org

Dear Applicant,

Thank you for your inquiry regarding UCP's *Home Access Program*. The program is designed to assist qualifying individuals with the construction of a wheelchair ramp. *Home Access* is partially funded through a grant from Tennessee Housing Development Agency, and as such, certain regulations apply if you want to have the lumber paid for under the THDA grant. Before you may be considered for a THDA funded wheelchair ramp you must provide UCP with the following information:

1. Documentation to verify the total annual income for the entire household. Complete and sign the *Household Member Income* form. All household members, regardless of age, must be listed. Relationship to applicant must be listed. If the member has no income, write zero on the appropriate income line. **Next, enclose additional documentation such as a Social Security benefits letter, bank statement, pay stub, or current tax return for each member listed. Without this information we cannot add you to our waiting list for THDA purchased lumber.** This is not required if you plan to pay for the lumber yourself. Just note on the application that UCP should bill you for the cost of lumber.
2. Permission to construct a wheelchair ramp signed by the home's owner. Please complete and sign the enclosed *Permission for Home Modification* form. This form must be provided whether you or someone else owns the home.
3. Sign the enclosed *Release* form.
4. Complete the enclosed Application form. Please provide all requested information.
5. Use this checklist to make sure you have all required paperwork before mailing back. Send application materials to the following address:

**UCP Home Access Program
1200 9th Avenue North
Nashville, TN 37208**

(please make copies for your own records) and mail to UCP. You may also fax your materials to us at 615-242-3582. Ramps requests are handled on a first come first serve basis. The earlier we receive your information, the sooner we will be able to assess your situation.

Please be aware that we are not able to construct ramps on all homes. The determination regarding whether your home is appropriate for the type ramp we build is made after we conduct an on-site evaluation of the property. The site evaluation is made only after all information has been received and the household has qualified under current THDA guidelines.

UCP is not a construction company. We offer this as a free service to all those who qualify. UCP uses volunteers in the construction of the wheelchair ramps; therefore our schedule for building ramps is often based on the availability of these volunteers. A waiting period of several weeks is not uncommon. We always attempt to construct ramps for those who qualify within a reasonable amount of time. Construction of a ramp can usually be completed in one day.

We look forward to serving you.

Sincerely,

John Pickett

Director of Home Access

United Cerebral Palsy of Middle Tennessee Application for Home Access Program

Information about individual for whom ramp is to be built:

First Name: _____ Last Name: _____
Date of Birth: _____ Current Age: _____
Social Security Number: _____ Race: _____
Gender: male _____ female _____ Phone Number: _____
Disability: _____
Please describe how this disability affects individual:

Wheelchair User? [] Yes [] No Type of Chair [] Manual [] Electric

Site where ramp is needed:

Address: _____
City, State, Zip: _____
County: _____
Phone Number: _____
Directions from Downtown Nashville:

Does applicant (or guardian) own this home? [] Yes [] No
Full name of property owner: _____
Number of people living in the home: _____ Below Age 18: _____ Above Age 18: _____

Contact Information:

Name of person to contact concerning this ramp: _____
Relationship: _____
Address (if different from above): _____

Telephone: _____
(home) (work)

Applicant Release

Home Access Release

This release is by and between the undersigned and United Cerebral Palsy of Middle Tennessee, Inc. ("UCP"). The undersigned hereby acknowledges that the undersigned has voluntarily requested UCP to construct or arrange for the construction of a wheelchair ramp on or about the undersigned's premises.

In consideration of UCP's construction or arranging for the construction of said ramp, the undersigned, on behalf of himself or herself, and on behalf of his or her heirs, successors, executors and administrators (collectively, the "undersigned") agrees that the undersigned will not make a claim against, sue, attach the property of, or prosecute UCP or any of its affiliated organizations or any of UCP's directors, officers, employees, agents, volunteers, or contractors (collectively, "UCP and its affiliates and/or partner organizations") for injury or damage resulting from negligence or other acts, howsoever caused, by UCP and its affiliates and/or partner organizations, relating any anyway to the ramp, it's construction, use or otherwise.

The undersigned has carefully read this release and fully understands its contents. The undersigned is aware that this is a release of liability and a contract between the undersigned and UCP and its affiliates and/or partner organizations. The undersigned has signed this release of the undersigned's own free will.

Undersigned:

Signature

Name Printed or Typed

Date

Household Member Income

	<i>Name</i>	<i>Relationship</i>	<i>Type of Income</i>	<i>Monthly</i>	<i>Yearly</i>
1				\$	\$
2				\$	\$
3				\$	\$
4				\$	\$
5				\$	\$
6				\$	\$
7				\$	\$
8				\$	\$

Total \$ \$

I certify to the best of knowledge and belief that the above information is accurate

Name

Date

Attach documentation (i.e., copies of pay stubs, Social Security statement, Current Tax form, , etc.) that substantiates above information.

UCP Home Access Program
PERMISSION FOR HOME MODIFICATION

Name of Homeowner: _____

Homeowner Address: _____

Homeowner Telephone: _____

I, _____, verify that I am the owner of the home at the
(name)
following address *(address at which home modification is planned)*:

I give my permission for United Cerebral Palsy of Middle Tennessee to construct a wheelchair ramp and/or make other necessary modifications to the home at the address above in order to accommodate individual(s) with disabilities. I further acknowledge that upkeep and maintenance of the modification is not the responsibility of United Cerebral Palsy of Middle Tennessee.

Signature of Homeowner

Date