

**PROJECT OPEN HOUSE RAMP APPLICATION**  
**SHIRLEY EVES CENTER**  
**313 N 10th ST**  
**MILLVILLE, NJ 08332**  
**PHONE:856-825-5840 FAX:856-825-5848**

Date: \_\_\_\_\_

Name of Disabled Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Disability: \_\_\_\_\_

Mobility Devices Currently in Use: \_\_\_\_\_

Do You: Are you a Veteran? \_\_\_\_\_

Own home \_\_\_\_\_ \*Rent Home \_\_\_\_\_ \*Rent Apt. \_\_\_\_\_ \*Other: \_\_\_\_\_

\*If other than own home, please fill out: Home owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Completing Form (if other than Disabled Person):

Name: \_\_\_\_\_ Relationship to Disabled Person: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

- In order for an application to be accepted, it must be completed **in-full**, and **legibly**. Contact the Shirley Eves Center if you require assistance in filling out your application.
- The Shirley Eves Center strives to complete as many ramps as possible. Due to the high volume of applications that we receive, we do not have enough funding to build ramps for every application received.
- The submittal of this form does not guarantee the above applicant a ramp.
- Each application is addressed on a first-come-first-serve basis.
- **THERE IS A \$200 SUGGESTED DONATION PER RAMP.**
- Project Open House covers a maximum of \$2000 towards each ramp. The cost of ramps varies, depending upon your structural needs. The total cost of construction includes: all building material, lumber or composite material, screws, nuts, bolts, washers, nails, non-slip treads, and all labor costs.
- The applicant is responsible for any excess expenses, which will be disclosed after an estimate is completed.
- Construction will begin after all payments are received.
  
- **\*\*Sandy Relief Fund applicants-- your needs are addressed on a case-by-case basis.**

# SHIRLEY EVES

Developmental  
& Therapeutic  
Center

313 N. 10th Street  
Millville, NJ 08332-3103

Telephone: (856) 825-5840  
Fax No.: (856) 825-5848  
Web: shirleyeves.org  
Toll Free Cape May: 1-866-647-3382

Advocacy  
Early Intervention  
Project Open House  
Toy Library  
Respite Care  
Neglect & Abuse Prevention  
Hotel Respite

## PARTICIPANT FORM- PROJECT OPEN HOUSE

DISABLED PERSON'S NAME: \_\_\_\_\_

HOMEOWNER'S NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

I \_\_\_\_\_ give my consent to Shirley Eves Developmental and Therapeutic Center to make the following alterations, installations, and improvements on the above named dwelling, on my behalf as the resident there within. These alterations are subject to approval and revision by Shirley Eves Developmental and Therapeutic Center. Services will be provided within the terms of the "Community Contract" between Shirley Eves Developmental and Therapeutic Center and participant.

The alterations made are for the temporary use of the participant and cannot be altered in any way or destroyed. If the participant destroys or damages the alterations, he shall be obligated to repair or replace them at his own expense.

The participant hereby agrees to release and hold harmless the Shirley Eves Developmental and Therapeutic Center, its agents and employees from any and all claims, risk of loss, damage or liability incurred in connection with the alteration or improvement to the above noted dwelling by the Shirley Eves Developmental and Therapeutic Center and/or its subcontractors.

DISABLED PERSON

HOME OWNER (if different person)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print Name

### 2013 BOARD OF DIRECTORS

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Arnold Robinson, Esq.



# CUMBERLAND COUNTY OFFICE ON AGING & DISABLED CLIENT DATA SURVEY

For Agency Use

1. Please check if you are unable to perform any of the following without assistance:

<input type="checkbox"/> Eating	<input type="checkbox"/> Toileting
<input type="checkbox"/> Dressing	<input type="checkbox"/> Transferring in/out Bed/Chair
<input type="checkbox"/> Bathing	<input type="checkbox"/> Walking
  
2. Please check if you have difficulty performing:

<input type="checkbox"/> Preparing Meals	<input type="checkbox"/> Using Telephone
<input type="checkbox"/> Shopping for Personal Items	<input type="checkbox"/> Doing Heavy Housework
<input type="checkbox"/> Medication Management	<input type="checkbox"/> Doing Light Housework
<input type="checkbox"/> Money Management	<input type="checkbox"/> Transportation Ability
  
3. AGE: a.  Under 60      c.  75 - 84  
          b.  60 - 74      d.  85+
  
4. GENDER: a.  Male  
              b.  Female
  
5. If single, yearly income:                      If there are two in the household, total yearly income:

a. <input type="checkbox"/> \$0 - \$11,880 (poverty)	d. <input type="checkbox"/> \$0 - \$16,020 (poverty)
b. <input type="checkbox"/> \$11,881 - \$17,655 (up to 150%)	e. <input type="checkbox"/> \$16,021 - \$23,895 (up to 150%)
c. <input type="checkbox"/> Over \$17,656	f. <input type="checkbox"/> Over \$23,896
  
6. Do you receive any of the following? Please check if you do.  
Yes  Food Stamps      Yes  SSI (Supplemental Security Income)  
Yes  Medicaid
  
7. Are you non-poverty and qualified for the State PAAD (Pharmaceutical Assistance to the Aged) Program?  Yes  No
  
8. (a) Do you live alone?  Yes  No  
(b) Do you have family or friends nearby who you can call for assistance?  Yes  No
  
9. ETHNICITY(\*\*): (a)  Hispanic or Latino      (b)  Not Hispanic or Latino
  
10. RACE OR ETHNICITY:  White - Non-Hispanic
  
11. MINORITY RACE OR ETHNICITY:

(a) <input type="checkbox"/> White - Hispanic	(d) <input type="checkbox"/> Black or African American
(b) <input type="checkbox"/> American Indian or Alaska Native	(e) <input type="checkbox"/> Asian
(c) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	(f) <input type="checkbox"/> Other
  
12. Are you frail/disabled?  Yes  No

For Internal Use Only:

(\*\* H NH)

(W-NH W-H AI HPI BAA AS O)

(P MP F V)