

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: _____

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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.

Beth Cline
Scott Cline
Leon Glovsky
Sharleen Johnson

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



