

Hospital Discharge     Ceiling Track     Palliative

RAMP Benefit Year: July 1, 2008 - June 30, 2009

**OFFICE USE ONLY** File Number

APPLICANT  Mr.  Mrs.  Miss  Ms.

Last (legal) Name (PRINT CLEARLY) First (legal) Name Cell Number

Social Insurance Number Birth Date (yyyy/mm/dd) Telephone Number

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

**AB**

Email Address

**SPOUSE, INTERDEPENDENT PARTNER and/or CO-APPLICANT**  Mr.  Mrs.  Miss  Ms.

Last (legal) Name (PRINT CLEARLY) First (legal) Name Birth Date (yyyy/mm/dd) Cell Number

Social Insurance Number Email Address

**APPLICANT'S MARITAL STATUS**

Married     Common-Law     Widowed     Divorced     Separated     Single

Did your marital status change in the current or previous year?

Adult Interdependent     Involuntarily Separated     Other (Specify): \_\_\_\_\_

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)     Group Home     Lives with Family     Apartment  
 Mobile Home (enclose a copy of the home insurance policy or bill of sale)     Other (Specify): \_\_\_\_\_

If this application concerns modifications to a mobile home, provide the following:

Mobile Serial Number: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Year: \_\_\_\_\_

**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: \_\_\_\_\_

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

Last Name (PRINT CLEARLY) First Name Telephone Number

Box No. 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 CLEARLY) First Name

Social Insurance Number Birth Date (yyyy/mm/dd) Telephone Number

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

**AB**

Describe the nature of your disability:

# Statement of Income

## Residential Access Modification Program (RAMP)

Health Related Supports Branch

**If you filed a personal tax return please check (✓) yes below and we will request your income directly from the Canada Revenue Agency (CRA).**

Applicant: Do you file an individual tax return?  Yes  No  
 Spouse/Partner: Do you file an individual tax return?  Yes  No

*If you did not file a tax return please contact the RAMP office at : Edmonton local 780-427-5760 or Toll free at 1-877-427-5760.*

**If the income includes revenue derived from operating a business (e.g. commission sales, farming, fishing, rental, professional, etc.) then also include pages 1 - 4 of the previous year's Personal Income Tax form and all applicable statements.**

	ANNUAL INCOME List All Income	Applicant (a)	Spouse/ Interdependent Partner/ Co-applicant (b)	Other Household Income (family members, etc) (c)
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	\$	\$	\$
<b>Totals</b>		<b>(a)</b>	<b>(b)</b>	<b>(c)</b>
		\$	\$	\$

### IMPORTANT INFORMATION

Total household income for the previous calendar year is the gross income received by everyone living in the home.

You are allowed to deduct \$9,600 for your spouse/interdependent partner from the total annual household income, to allow for additional family living expenses.

You are allowed to deduct \$9,600 for each dependent child under the age of 21 years living in the home; and an additional \$7,131 per dependent disabled child still living at home.

### DEDUCTIONS

<b>Total Household Income (a + b + c)</b>	<b>\$</b>
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	Spousal (\$9,600)
--	-------------------

	Dependent Child (\$9,600)
--	---------------------------

	Disabled Child (\$7,131)
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**Total Adjusted Household Income**

**\$**

**To be eligible for the program the Total Gross Adjusted Household Income must be \$36,900 or less.**

### Alternate Contact Person (if required)

\_\_\_\_\_  
Name of Contact Person (PRINT CLEARLY)

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street City/ Town/ Village

\_\_\_\_\_  
Province Postal Code

1. Have any wheelchair modifications already been made to accommodate wheelchair user(s)?  Yes  No

If Yes, please specify:

2. Describe the proposed property modifications to accommodate a wheelchair. On a separate page include a drawing or sketch of the proposed project with at least one (1) estimate.

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 of the programs in point 3?  Yes  No

Source(s) \_\_\_\_\_ Amount \$ \_\_\_\_\_

List Modification: \_\_\_\_\_

\_\_\_\_\_

5. List the total amount of the grant requested from RAMP \$ \_\_\_\_\_

Identify the name of the preferred:

Contractor(s) \_\_\_\_\_  
PRINT CLEARLY

Vendor(s) \_\_\_\_\_  
PRINT CLEARLY

RAMP File Number
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**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 modifications required to help 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 from any person, charitable organization (private or public) and/or federal or provincial government body (e.g. Alberta Aids to Daily Living, Alberta Seniors Benefits, Disability Supports [commonly known as AISH], Special Needs Assistance for Seniors, Department of Veterans Affairs, Residential Rehabilitation Assistance Program, Home Adaptations for Seniors Independence, Private Non-Profit and Public Non-Profit Agencies, the Residential Rehabilitation Assistance for the Disabled Program), including a medical doctor, occupational therapist, physical therapist, social worker, group home management, and/or lodge management: 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 Modification Proposal form and any changes that are made thereafter.
5. All property 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 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 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.
10. I authorize the Canada Revenue Agency to release information required from my tax file to the Alberta Ministry of Seniors and Community Supports. The information will be relevant to and used solely for the purpose of determining and verifying my eligibility or that of my co-habiting partner or a child or adult dependent for whom I am the parent, legal guardian, Trustee or Attorney, for benefits under the *Residential Access Modification Program*, and the general administration and enforcement of the benefit program. This authorization is valid for the two taxation years prior to the year of signature of this consent, the current taxation year and for each subsequent consecutive taxation year for which assistance is requested. I understand that, if I wish to withdraw this consent and eligibility for the *Residential Access Modification Program*, I may do so by writing to the Alberta Ministry of Seniors and Community Supports.
11. I/we understand that I/we am/are to reside in my/our present permanent principal Alberta residence for at least five (5) years after receiving the Residential Access Modification Program grant for property modifications to facilitate wheelchair access into and/or within my/our residence.
12. I/we understand that I/we are required to provide to the Minister of Seniors and Community Supports or a representative with an accounting of how any grant money received from the Residential Access Modification Program has been used.
13. I understand that the Ministry of Seniors and Community Supports makes no assurance as to the quality and fitness of the work performed.

**Signatures - This application must be signed before it can be processed.**

Signature of Applicant / Guardian / Enduring POA	<b>PRINT CLEARLY</b> Full Name of Applicant / Guardian / Enduring POA	Date
Signature of Spouse, Interdependent Partner and/or Co-Applicant (if applicable)	<b>PRINT CLEARLY</b> Full Name of Spouse, Interdependent Partner and/or Co-Applicant (if applicable)	
Signature of Witness	<b>PRINT CLEARLY</b> Full Name of Witness	

*This information is being collected under the authority of Sections 3 and 4 of the Seniors and Community Supports Grants Regulations 192/2005, 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.*

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

**Trustee**       **Enduring 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:  Mr.    Mrs.    Miss    Ms.

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

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

**Mail and/or Deliver to:**

Alberta Seniors and Community Supports  
Disability Supports Division  
Health Related Supports Branch - **RAMP**  
10th Floor, Milner Building  
10040 - 104 Street N.W.  
Edmonton, AB T5J 0Z2

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**Fax to: RAMP**

Edmonton local: **780-644-8085**  
To fax toll free: **310-0000** then dial  
**780-644-8085**

**Telephone:**

Edmonton local: **780-427-5760**  
To call toll free: **1-877-427-5760**

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**Email to:** [RAMP@gov.ab.ca](mailto:RAMP@gov.ab.ca)

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**TO BE COMPLETED BY A MEDICAL PROFESSIONAL ONLY**

Personal Health Number: \_\_\_\_\_

**SECTION A: WHEELCHAIR USER INFORMATION**

Name of Applicant (PRINT CLEARLY) \_\_\_\_\_

Address	Apt / Unit No.	Street	City / Town / Municipality	Province	Postal Code
					<b>AB</b>

Did AADL supply a manual wheelchair  Yes  No Will the applicant (patient) need to use a wheelchair on an ongoing basis (not necessarily 100% of the time) within the next 12 months?  Yes  No

or a powered wheelchair?  Yes  No Is the applicant cognizant and able to administer/manage his/her own financial and/or personal affairs?  Yes  No

Date (yyyy/mm/dd): \_\_\_\_\_

If no, provide the name of the organization or government program that authorized the wheelchair. \_\_\_\_\_

**SECTION B: MEDICAL STATUS**

*To be completed by a medical doctor and/or a current AADL authorizer (an occupational therapist and/or physical therapist) concerning the above applicant.*

Primary diagnosis/disability: \_\_\_\_\_

PRINT CLEARLY

Date of onset: \_\_\_\_\_ Secondary diagnosis/disability: \_\_\_\_\_

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 and/or a current AADL authorizer (an occupational therapist and/or physical therapist) concerning the above applicant.*

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

AADL Authorizer # \_\_\_\_\_

Signature of Medical Professional \_\_\_\_\_ Date \_\_\_\_\_

PRINT CLEARLY Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

(medical doctor's stamp)

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

Alberta Seniors and Community Supports  
Disability Supports Division  
Health Related Supports Branch - **RAMP**  
10th Floor, Milner Building, 10040-104 Street N.W.  
Edmonton, AB T5J 0Z2

Fax RAMP (Edmonton local): **780-644-8085**  
To fax toll free: **310-0000** then dial **780-644-8085**  
Telephone (Edmonton local): **780-427-5760**  
To call toll free: **1-877-427-5760**

**This form is to be submitted with the RAMP application (if applicable).**

I, \_\_\_\_\_, of \_\_\_\_\_,  
Landlord (PRINT CLEARLY) Business Name (PRINT CLEARLY) Address  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Municipality Postal Code Telephone Number  
\_\_\_\_\_, \_\_\_\_\_,  
Fax Number Cell Number

acknowledge and agree to the following terms and conditions:

1. I own the property located at \_\_\_\_\_, \_\_\_\_\_, (the Property).  
Address Municipality
2. The Property is registered to me as:  
 A fee simple title, **OR**  A condominium unit under the *Condominium Property Act*.  
Plan # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_  
or if applicable:  
Mer: \_\_\_\_\_ RGE: \_\_\_\_\_ TWP: \_\_\_\_\_ SEC: \_\_\_\_\_ QS: \_\_\_\_\_ LSD: \_\_\_\_\_
3. I rent a dwelling unit, and will continue to rent a dwelling unit to the applicant \_\_\_\_\_ who resides at the Property.  
PRINT CLEARLY Tenant's Name

**Modifications**

4. I consent to the modifications to be performed on my property as outlined in the Modification Proposal submitted as part of the applicant's RAMP application for wheelchair accessibility.
5. I understand that the Ministry of Seniors and Community Supports must further approve any variances to the original Wheelchair Modification Proposal before being carried out.
6. I, or a contractor that I hire, or the applicant hires that I consent to, will perform the wheelchair modifications on my Property.
7. I understand that any modifications to the Property performed under RAMP must be done in compliance with all applicable municipal and provincial building codes and standards. (refer to page one (1) of the RAMP instructions)
8. I understand that all the modifications are to be done to the Property as outlined in the applicant's RAMP application are to be completed no later than ninety (90) days after the date of the approval letter.
9. I understand that the modifications are of a permanent nature, and in the event that the applicant vacates the Property the modifications are to remain and become my property.
10. If I continue to rent to a tenant requiring the use of a wheelchair on a regular basis, the equipment may be left in place for the use of the next disabled tenant.

**RAMP Program Conditions**

11. I understand that the applicant must provide original paid invoices and/or receipts detailing the modifications performed on my Property to the Ministry of Seniors and Community Supports no later than fourteen (14) days immediately following the completion date of the modifications.
12. I understand that the applicant, as grant recipient under RAMP, may receive up to \$5,000 for the modifications under RAMP, and will be solely responsible for paying whoever performs the work.
13. I understand that I shall have no recourse against the Ministry of Seniors and Community Supports if the applicant does not pay for the work to install the modifications.
14. I understand that the Ministry of Seniors and Community Supports makes no assurance as to the quality and fitness of the work performed.
15. I understand that I am to provide written confirmation as to when the applicant took residence; term of the applicant's lease; and the amount of the monthly rent paid; to Alberta Seniors and Community Supports.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
month year

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Signature of Witness

**Return this completed form by mail and/or deliver or fax, to:**

Alberta Seniors and Community Supports  
Disability Supports Division  
Health Related Supports Branch - **RAMP**  
10<sup>th</sup> Floor, Milner Building  
10040 – 104 Street N.W.  
Edmonton, AB T5J 0Z2

Fax RAMP (Edmonton local): **780-644-8085**  
To fax toll free: **310-0000** then dial **780-644-8085**

Telephone (Edmonton local): **780-427-5760**  
To call toll free: **1-877-427-5760**

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**This form is to be submitted with the RAMP application (if applicable).**

I, \_\_\_\_\_, of \_\_\_\_\_,  
Landlord (PRINT CLEARLY) Business Name (PRINT CLEARLY) Address  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Municipality Postal Code Telephone Number  
\_\_\_\_\_, \_\_\_\_\_,  
Fax Number Cell Number

acknowledge and agree to the following terms and conditions:

- I own the property located at \_\_\_\_\_, \_\_\_\_\_, (the Property).  
Address Municipality
- The Property is registered to me as:  
 A fee simple title, **OR**  A condominium unit under the *Condominium Property Act*.  
Plan # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_  
or if applicable:  
Mer: \_\_\_\_\_ RGE: \_\_\_\_\_ TWP: \_\_\_\_\_ SEC: \_\_\_\_\_ QS: \_\_\_\_\_ LSD: \_\_\_\_\_
- I rent a dwelling unit, and will continue to rent a dwelling unit to the applicant \_\_\_\_\_ who resides at the Property.  
PRINT CLEARLY Tenant's Name

**Modifications**

- I consent to the modifications to be performed on my property as outlined in the Modification Proposal submitted as part of the applicant's RAMP application for wheelchair accessibility.
- I understand that the Ministry of Seniors and Community Supports must further approve any variances to the original Wheelchair Modification Proposal before being carried out.
- I, or a contractor that I hire, or the applicant hires that I consent to, will perform the wheelchair modifications on my Property.
- I understand that any modifications to the Property performed under RAMP must be done in compliance with all applicable municipal and provincial building codes and standards. (refer to page one (1) of the RAMP instructions)
- I understand that all the modifications are to be done to the Property as outlined in the applicant's RAMP application, are to be completed no later than ninety (90) days after the date of the approval letter.
- I understand that the modifications are of a temporary nature, and in the event that the applicant vacates the Property the modifications are to be removed by the applicant(s).

**RAMP Program Conditions**

- I understand that the applicant must provide original paid invoices and/or receipts detailing the modifications performed on my Property to the Ministry of Seniors and Community Supports no later than fourteen (14) days immediately following the completion date of the modifications.
- I understand that the applicant, as grant recipient under RAMP, may receive up to \$5,000 for the modifications under RAMP, and will be solely responsible for paying whoever performs the work.
- I understand, therefore, that I shall have no recourse against the Ministry of Seniors and Community Supports if the applicant does not pay for the work to install the modifications.
- I understand that the Ministry of Seniors and Community Supports makes no assurance as to the quality and fitness of the work performed.
- I understand that I am to provide written confirmation as to when the applicant took residence; term of the applicant's lease; and the amount of the monthly rent paid; to Alberta Seniors and Community Supports.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
month year

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Signature of Witness

**Return this completed form by mail and/or deliver or fax, to:**

Alberta Seniors and Community Supports  
Disability Supports Division  
Health Related Supports Branch - **RAMP**  
10<sup>th</sup> Floor, Milner Building  
10040 – 104 Street N.W.  
Edmonton, AB T5J 0Z2

Fax RAMP (Edmonton local): **780-644-8085**  
To fax toll free: **310-0000** then dial **780-644-8085**

Telephone (Edmonton local): **780-427-5760**  
To call toll free: **1-877-427-5760**

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## INSTRUCTIONS

### Please read before completing the application form.

Applicants applying to the Residential Access Modification Program (RAMP) must be or about to be using a wheelchair on an ongoing basis.

Exemptions are made for people with the following neuro-degenerative illnesses and/or injuries: Multiple Sclerosis, Muscular Dystrophy, COPD, ALS, Non-recovering stroke victims, Spina Bifida, Spinal cord injuries, Parkinson's, Alzheimer's and/or Cerebral Palsy.

Seniors aged 75+ and considered frail may be eligible for grant funding from RAMP for all property modifications to facilitate wheelchair access as approved by RAMP.

The maximum grant available from RAMP is \$5,000. Approved applicants are expected to reside at their current addresses for five (5) years after receiving a grant for a permanent property modification. Exemptions may be made for people that are forced to move due to health reasons, marriage dissolution, financial, and/or a landlord forced move (e.g. landlord sells property).

Varying Property Caps are applied to all residential property purchases completed within 24 months of applying to RAMP. Property Caps are adjusted annually.

Municipalities	Property Cap Values: 2008-2009
Calgary	\$510,000
Edmonton	\$420,000
Fort McMurray	\$660,000
Grande Prairie	\$360,000
Red Deer	\$390,000
Lethbridge	\$300,000
Medicine Hat	\$330,000
All Rural Areas	\$276,000

RAMP does not provide funding:

- To modify new residential construction. The owner/applicant must own the property for at least 24 months prior to applying to RAMP;
- The purchase and installation of walk-in bathtubs; and,
- The construction and installation of exterior decks.

Applicants who have incurred costs for eligible projects prior to RAMP approval may be eligible for reimbursement if the application is received and date stamped at RAMP's head office in the Milner Building in Edmonton within 90 calendar days of project completion.

## **STEP 1:**

### **Complete the application form and provide the following documentation:**

- The Medical Report Form completed by your medical professional (medical doctor or AADL Authorizer: Occupational Therapist or Physical Therapist); or supply your Alberta Aids to Daily Living client number if AADL supplied your wheelchair;
- A copy of the current Property Tax Assessment Notice with the legal description;
- Do not send a copy of your Tax Roll, bank statement indicating payments to the municipality and/or receipts for property tax payments;
- At least one estimate for the proposed project (list the dollar amount and preferred contractor(s) and/or vendor(s)); and,
- If the estimate(s) exceed the maximum allowable grant of \$5,000 provide the name and contact information of the funding source that will help to complete the project.

### **In addition to the above, if you are a tenant:**

- A copy of your current Lease Agreement; or
- If the rental agreement is on a month-to-month basis, the landlord is to provide a letter stating the monthly rental amount and the approximate intended stay of the tenant; or
- A letter confirming monthly rent payment if family member and the length of the intended stay of the applicant(s); and,
- The Landlord's Letter of Acknowledgment (using the Permanent or Temporary form as applicable).

### **Complete the income section to determine income eligibility and provide:**

- Complete the income page in yearly (not monthly) amounts;
- Include all sources of income that you expect to receive during the calendar year (January through December);
- Convert all foreign income to Canadian dollars; and,
- If self-employed, provide pages 1-4 of last year's Personal Income Tax form and all applicable statements.

### **Complete the modification proposal for wheelchair accessibility section and provide:**

- At least one (1) detailed estimate from a contractor.
- One (1) drawing, sketch and/or photograph of the proposed modifications.
- If providing more than one estimate for the same project, indicate which contractor/vendor you prefer to used to complete the wheelchair modification for your home.
- If the property modifications exceed the maximum amount available from RAMP, provide the name of the funding source, telephone number and address of the person or organization that will contribute the balance of the funds necessary to complete the proposed project.
- If the proposed project is to change from carpeting to a laminate or vinyl covering, include the number of square metres or square yards in the breakdown of the estimate.
- Please note that the maximum allowance for floor covering is \$75 per square yard or \$89.71 per square metre (1 sq. yd = 0.83 sq. m).

### **Residency Requirements:**

- Applicants are expected to reside at their current civic address for five (5) years after the grant approval date. Grant recipients who move prior to the five year time span may not be eligible for an additional grant funding at their new civic address.
- If the applicant is forced to move because of marriage dissolution, financial hardship, deteriorating health factor, rental property being sold, and/or land expropriation may be considered for funding at the new permanent principal address in Alberta.

**Payment Assignment:**

- In most cases the payment will be assigned to the vendor, contractor, and/or landlord.
- NOTE: If a contractor and/or vendor is to receive the funding directly, the payment will be provided after the work has been completed and RAMP receives a dated, signed invoice (by the applicant, guardian, trustee or landlord) indicating the work has been satisfactorily completed.

**Guardian/Trustee:**

- If an applicant is unable to handle their own financial affairs and a guardian and/or trustee (public or private) has been appointed, provide a complete copy of the current guardianship papers and/or trusteeship papers.
- Indicate whether the funding (if approved) is to be forwarded through the guardian, trustee, or (if applicable) directly to the vendor, contractor and/or landlord.

**Recycling:**

- If at some time in the future date, movable equipment is no longer required (e.g. exterior porch lift, interior stair lift, interior platform lift, exterior stair lift), please contact the RAMP program for options of disposition of the equipment.

**In addition, if any of the situations listed below apply to you, the following must be provided.**

**If you reside in a housing co-operative:**

- The Housing Co-operative Statement to be completed by an Authorized Official of the Housing Co-operative Association.

**If you reside in a Hutterite colony:**

- Hutterite Colony Life Tenancy Statement (enclosed) completed by the head of the Colony and the applicant; and,
- A copy of the latest Certificate of Incorporation from the Colony to verify signing authority.

**If you reside in a Métis settlement:**

- The Métis Title or Métis Provisional Title completed by the Métis Settlement Council.

**If you own a mobile home:**

- A copy of the bill of sale or home insurance policy showing year, make, model, and serial number of your mobile home; and,
- The Mobile Home Park Agreement signed, witnessed, and dated to indicate approval of any outside permanent modifications.

**Non-resident Owner:**

- A non-resident owner, who is registered on the title of your home, is required to complete the form "Non-resident Owner Authorization" (RAMP0188) which provides their authorization to any wheelchair modifications.

**If you reside on a reserve:**

- A Band Council Resolution (BCR) form will be provided with the application and must be completed and returned along with the application.

**Mail and/or Deliver or fax the complete package to:**

Alberta Seniors and Community Supports  
Disability Supports Division  
Health Related Supports Branch - **RAMP**  
10<sup>th</sup> Floor, Milner Building  
10040 – 104 Street N.W.  
Edmonton, AB T5J 0Z2  
Fax RAMP (Edmonton local): **780-644-8085**  
To fax toll free: **310-0000** then dial **780-644-8085**

Email: [RAMP@gov.ab.ca](mailto:RAMP@gov.ab.ca)

Telephone (Edmonton local): **780-427-5760**  
To call toll free: **1-877-427-5760**

**STEP 2:**

- You may be contacted to discuss your application, the proposed plans and contractor of choice.
- Upon approval of your application and receipt of the grant funds, arrange to have the work completed.
- If there is a change in contractor or plans, please contact Alberta Seniors and Community Supports immediately to obtain approval to proceed.
- The grant funding will be provided directly to the vendor(s) and/or contractor(s) after the project has been completed.
- The applicant must sign and date the contractor's or vendor's invoice.
- In the case of shared funding with another program (public or private) the applicant, assignee, assigned vendor, and/or assigned contractor will be funded after project completion.

**STEP 3:**

- Upon completion of the project, please provide copies of paid invoices and/or receipts for the property modifications approved under the grant if the grant was funded prior to project completion.

## Common Residential Barrier-Free Guidelines

**NOTE: There are other items eligible under the RAMP guidelines. For further information call (Edmonton local) 780-427-5760 or toll free 1-877-427-5760.**

### Air Conditioning

- Air Conditioning for persons diagnosed with Multiple Sclerosis.
- Permanent or temporary units for homeowners.
- Temporary units for rental units (if the landlord agrees).

### Bathrooms

- The doorway that allows entry to a washroom must have a clear opening of at least 800 mm (31") and a corridor width of at least 1220 mm (48") when turning a 90° corner. If the doorway entrance is 915 mm (36") clear, then the corridor width may be 920 mm (36").
- Most bathroom doorways in residential buildings open outwards, as the bathrooms are usually too small to allow the door to open inwards.
- The toilet seat height should be 430 mm  $\pm$  30 mm (17"  $\pm$  1") from the floor, with a sink top surface height of 760 mm  $\pm$  50 mm (30"  $\pm$  2").
- The bathroom counter must have a work surface that is not less than 865 mm (34") above the floor with a knee space that is:
  - 760 mm (30") wide;
  - 685 mm (27") high; and,
  - 485 mm (19") deep.

### Ceiling Track Lifters

- RAMP will provide funding for the purchase and installation of ceiling track lifters to eligible applicants.

### Doors

- The RAMP program provides funding for standard exterior main-entry doors and exterior main-entry storm doors (up to 914 mm [36"] in width) with a standard opening. The entry and storm doors may be either right or left hand opening.
- Garden, patio, and/or french doors are not funded by RAMP.

### Doorways

- Every doorway along a barrier-free path must have an opening of at least 800 mm (32") and be easy to open.
- Every doorway within a suite of residential occupancy must have at least 800 mm (32") in the open position.
- Every exit door shall have a minimum headroom clearance of 2100 mm (82").
- Door opening devices must be of a design that does not require tight grasping or twisting of the wrist as the only means of operation to open the door.
- A door threshold with a threshold height greater than 6 mm (0.25") to a maximum height of 13 mm (0.50") higher than the finished floor surface must be bevelled to facilitate wheelchair users.

### Exterior Porch Lifts

- Provide the original receipt, installation date, serial number, site preparation costs, and electrical connection costs if the porch lift was purchased prior to RAMP approval.
- Exterior porch lifts are to have an upper deck landing that is level and at least 1500 mm x 1500 mm (60" x 60") with a rail of 920 mm (36") in height.
- If the upper deck has stairs used by foot pedestrians as well as the wheelchair user, a locking gate is necessary to prevent the wheelchair user from accidentally falling off the steps. The deck pad is to be of a permanent material.

## Exterior Walkways

- Exterior walks for personal residences (e.g. single family, duplexes, and 4-plexes) should not be less than 36" - 40" (91 - 101 mm) wide, and form a continuous plane uninterrupted by steps or abrupt changes in level.

### Multi-unit Buildings (apartments, condominiums)

- Exterior walks that form part of a barrier-free path of travel should be not less than 1100 mm (43") wide, and form a continuous plane not interrupted by steps or abrupt changes in level. The cross-slope should not be greater than 1:50.
- Walkways with a 1500 mm (60") width is preferred, to allow wheelchairs to pass one another.
- A walkway that has a vertical drop exceeding 75 mm (3") shall have a minimum curb height on each side of the walkway of at least 75 mm (3").
- Pre-cast units (brick pavers, concrete slabs, tiles) should not be used. However, if they are used, all joints should be as flush as possible and the upper limit of the joints should not exceed 6 mm (0.25").

## Kitchen Counters, Cupboards

- The counter top height should be 760 mm (29") from finished floor surface.
- Overhead cabinets with accessible shelving should be a maximum height of 1150 mm (45") from the finished floor surface.

## Ramps

The ramp must have a:

- Slope of not more than 1:12 (1 inch of height equals 12 inches of length), although a slope of 1:16 to a 1:20 is preferred, complete with handrails;
- Width of not less than 870 mm (34") between handrails;
- Level area not less than 1500 mm x 1500 mm (60" x 60") at the top and bottom of the ramp if the applicant is using a manual wheelchair;
- If the applicant is using a powered wheelchair, the upper landing may need to be 5' x 7', 6' x 8', or 8' x 8', depending on whether the powered wheelchair has a centre or rear wheel drive component and/or if the applicant also uses a powered scooter;
- Resting point at intervals of not more than 9000 mm or 9 m (354" or 29");
- Resting point or landing with a minimum surface area of 1200 mm (48") in length and at least the width of the ramp;
- Level area of at least 1200 mm x 1200 mm (48" x 48") if the ramp makes a 90° turn;
- Level area of at least 1500 mm x 1500 mm (60" x 60") if a ramp makes a 180° turn;
- Permanent, firm, and slip-resistant surface; and a,
- High (rail) guard set at 920 mm (36").
- If the wheelchair is a rear drive powered chair, the level areas at the top and bottom of the ramp may need to be 2438 mm x 2438 mm (8' x 8').

## Shower Stalls

- The inside measurement of a wheelchair accessible shower stall should not be less than 900 deep x 1500 mm wide (35" x 60").
- The floor should have a slip-resistant finish and a bevelled threshold of not more than 13 mm (0.50") than the finished floor surface.
- The entrance to the shower must have a minimum space of 900 mm (35") and be the same width as the shower.
- Fixtures are permitted to intrude into the space but must not restrict access to the shower stall.

**Stair lifts**

- Include the original receipt with the installation date and serial numbers (of the motor and seat) with the RAMP application if purchased prior to RAMP approval for reimbursement.

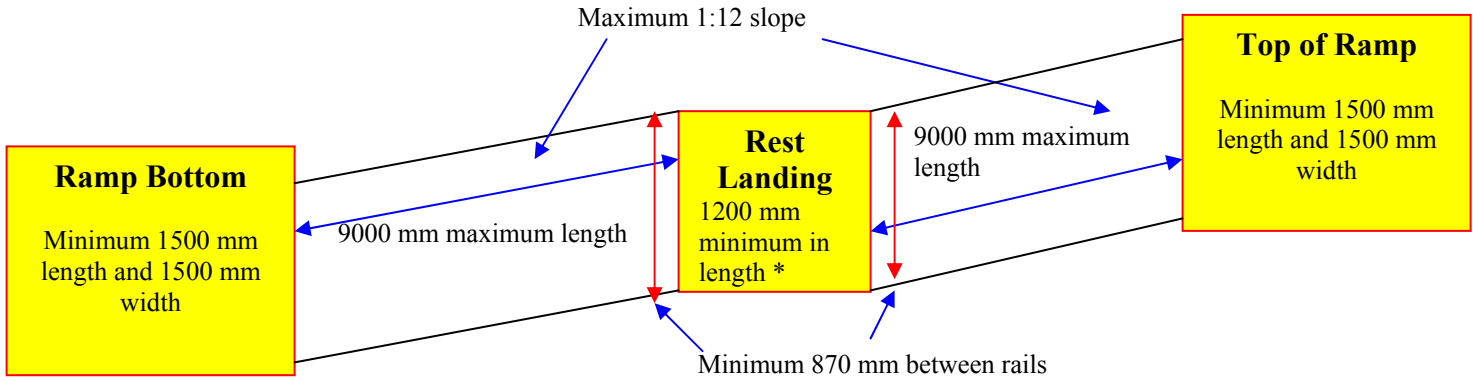
**• INFORMATION ON RAMPS**

<b>RAMPS</b>			
1:12 Minimum Ratio			
<b>Metric</b>		<b>Imperial</b>	
Rise	Length	Rise	Length
25 mm	300 mm	1 in.	12 in.
50 mm	600 mm	2 in.	24 in.
75 mm	900 mm	3 in.	36 in.
100 mm	1200 mm	4 in.	48 in.
150 mm	1800 mm	6 in.	60 in.
200 mm	2400 mm	8 in.	96 in.
250 mm	3000 mm	10 in.	120 in.
300 mm	3600 mm	12 in.	144 in.

<b>RAMPS</b>			
1:16 Suggested Ratio			
<b>Metric</b>		<b>Imperial</b>	
Rise	Length	Rise	Length
25 mm	400 mm	1 in.	16 in.
50 mm	800 mm	2 in.	32 in.
75 mm	1200 mm	3 in.	48 in.
100 mm	1600 mm	4 in.	64 in.
150 mm	2400 mm	6 in.	96 in.
200 mm	3200 mm	8 in.	128 in.
250 mm	4000 mm	10 in.	160 in.
300 mm	4800 mm	12 in.	192 in.

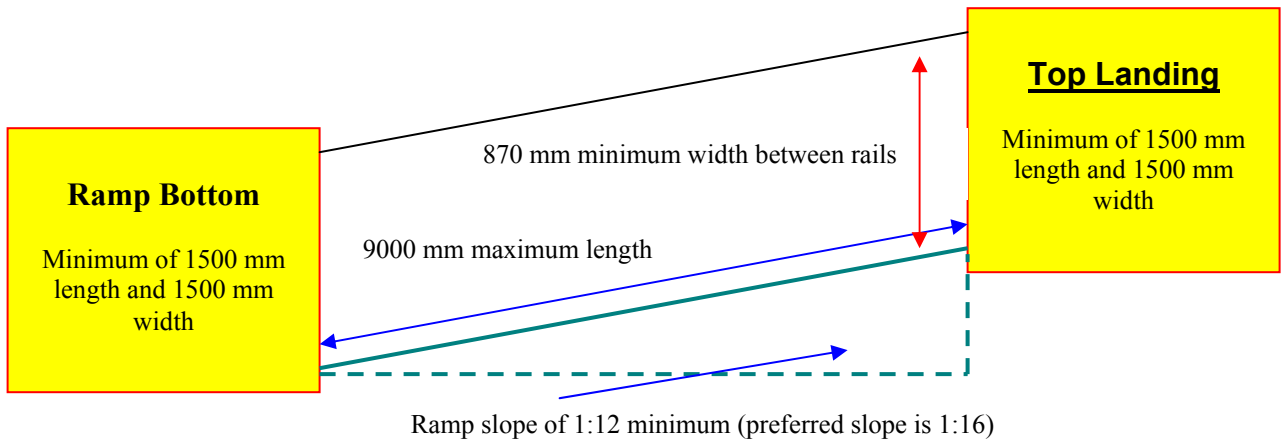
<b>RAMPS</b>			
1:20 Suggested Ratio			
<b>Metric</b>		<b>Imperial</b>	
Rise	Length	Rise	Length
25 mm	500 mm	1 in.	20 in.
50 mm	1000 mm	2 in.	40 in.
75 mm	1500 mm	3 in.	60 in.
100 mm	2000 mm	4 in.	80 in.
150 mm	3000 mm	6 in.	120 in.
200 mm	4000 mm	8 in.	160 in.
250 mm	5000 mm	10 in.	200 in.
300 mm	6000 mm	12 in.	240 in.

## RAMP - WITH A REST LANDING



\*Minimum 1500 mm length and 1500 mm width if intermediate level leading to a door

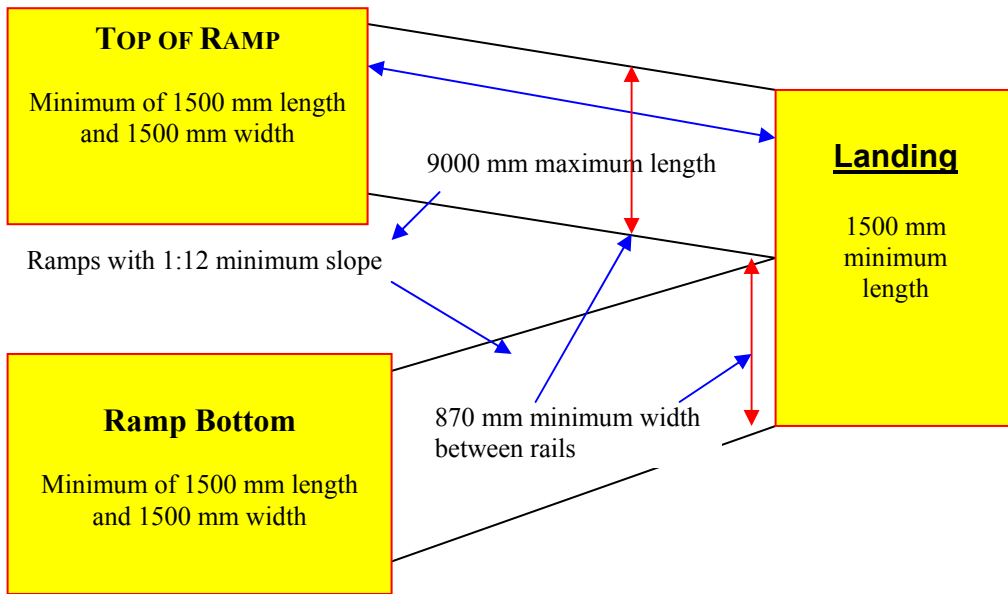
## RAMP



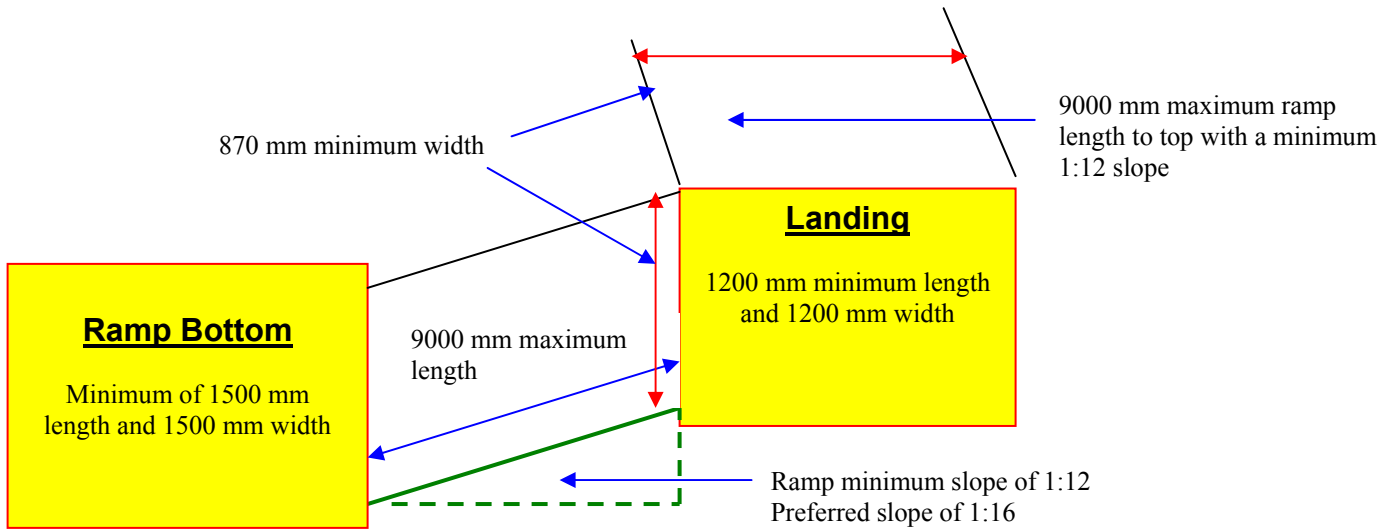
### Imperial Equivalentents

9000 mm	=	29 feet
1500 mm	=	60 inches
1200 mm	=	48 inches
870 mm	=	34 inches

## RAMP - WITH A 180° TURN



## LANDING - WITH A 90° TURN



### Imperial Equivalents

9000 mm	=	29 feet
1500 mm	=	60 inches
1200 mm	=	48 inches
870 mm	=	34 inches

**Are you using the current 2008-2009 RAMP application? And,  
Have you enclosed:**

- Your last year's Notice of Assessment (or if you own a business your complete income tax form) from Revenue Canada of your personal income tax?  Yes  No
- Your spouse's Notice of Assessment from Revenue Canada of his or hers' last year's personal income tax?  Yes  No
- If you operated a business, and/or received earnings from farming, fishing, commission sales, professional and/or rental income; did you include a complete copy of your last year's personal income tax forms and all applicable papers?  Yes  No
- Did you and your spouse, co-applicant (if applicable) sign the Declaration?  Yes  No
- The current Property Tax Assessment (not the tax roll) of the property that you are currently residing at?  Yes  No
- The appropriate estimate or estimates?  Yes  No
- A Drawing or a Sketch or a Photograph of the Project?  Yes  No
- If the project exceeds \$5000, did you provide the additional funding source?  Yes  No
- The appropriate Band Council Resolution (if applicable)?  Yes  No
- A copy of the metis Land Title (if applicable)?  Yes  No

**In addition, for Tenant Applications:**

- Did you enclose the Landlord Letter of Acknowledgement?  Yes  No
- Did you enclose a copy of a Rental, Lease Agreement, or a Letter if renting from a family member?  Yes  No
- Did you enclose the Mobile Park Agreement (if applicable)?  Yes  No

**In addition, for Guardians or Enduring Power of Attorneys (POA):**

- As the Guardian or Enduring Power of Attorney did you sign the Declaration form?  Yes  No
- Did you enclose a copy of the guardianship or POA papers?  Yes  No