Referral Form

Name & Address

Name: _____

Address:_____
(Address where ramp will be built, No PO Box)

_____

Email Address:_____Phone Number:_____

Family Member/Caretaker Name:_____Phone Number: _____

Does the client own or rent at the address above? ☐Own ☐Rent

If rent, Homeowner's Name:_____Phone Number_____

Additional Client Information

Provide details of the client's mobility that are relevant to a ramp (e.g. walking, assisted walking, manual wheelchair, powered wheelchair, etc.).

Ramp Information

Where is the ramp needed? (Be Specific: front of house, side door)

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Client Authorization to Release Information

I hereby authorize my referring professional to release the information contained in this referral form to the Volunteer Ramp Project, a nonprofit organization that provides accessibility ramps for individuals with mobility challenges.
I understand that:

- The information shared may include personal and health-related details necessary to assess my eligibility for assistance.
- This information will be used solely for the purpose of evaluating, planning, and providing ramp construction services.
- The Volunteer Ramp Project is not a healthcare provider and is therefore not subject to the Health Insurance Portability and Accountability Act (HIPAA); however, it will maintain the confidentiality of my information to the extent possible.
- I may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on this authorization.

This authorization is valid for one year from the date of my signature unless revoked earlier in writing.

Client Name (Print): _____

Client Signature: _____

Date: _____

Referring Agency Information

Name of Referring Agency:_____ Date:_____

Agency Worker Full Name:_____Phone: _____

Agency Worker Email: _____

Client Financial Information

Is there a financial need, based on the referring agency's guidelines? □Yes □No

Return this form to: Gary Guyette
President
Volunteer Ramp Project
referral@volramps.org