

Strong Women Organizing Outrageous Projects (SWOOP)

Office Use Only
Agency:
Confirmation of Diagnoses:
Project No.:
Date Received:

P.O. Box 10363
 Raleigh, NC 27605-0363
 Project Contact: 919-623-3369
swoopprojects@gmail.com
www.swoop4u.org

RAMP IT UP! APPLICATION

1.YOUR CONTACT INFORMATION

First Name:	Last Name		
Name of Applicant (if different from above):			
Street Address:			
City:	State: NC	Zip:	
County:			
Primary Contact Phone:	Cell Phone:		
Family Contact Phone (if different from above):			

Family Contact Name:	Phone:	
Email (primary contact or applicant):		
Date of Birth (Applicant)		

Diagnoses:

Can we leave a detailed message about this application on your voice mail or with another household member?
 Yes No

2.REFERRING AGENCY or PHYSICIAN (if applicable)

Referring Agency:		
Contact Name:		
Contact/Case Manager/Physician/PT/OT:		
Phone:	Email:	
Street Address:		
City:	State:	Zip:

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3.FINANCIAL INFORMATION of APPLICANT’S HOUSEHOLD

Does applicant or family own their home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Persons Living in the House:	
Number of Adults:		Number of Children:

MONTHLY INCOME SOURCES

Employment (applicant):	\$
Supplemental Security Income (SSI):	\$
Social Security Disability Income (SSDI):	\$
VA Benefits:	\$
Private Disability Insurance:	\$
Income other household members:	\$
Income Other:	\$
TOTAL MONTHLY INCOME	\$
Annual Household Income	\$

Total Cash, Checking, Savings, and Assets:\$

(Excludes IRAs, Home Equity, and retirement plans)

4.MEDICAL INSURANCE

Check all that apply	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> VA	<input type="checkbox"/> None
Name of Private Insurance:				
Other (please specify name):				

5.NATURE OF REQUEST

Are you requesting financial assistance for labor and materials to build a wheelchair ramp? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Cost for labor (if known)? \$	Cost for materials (if known)? \$	Amount you can contribute: \$
Amount secured from other community/family resources: \$		
List the other resources and the amount received from each:		
Amount you are requesting from Strong Women Organizing Outrageous Projects: \$		

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Explain why you require financial assistance at this time. Provide as much detail as you can about your financial situation and other circumstances.

Non-Home Owners; Please provide the following information		
Name of Home Owner and/or Agency:		
Street Address:		
City:	State:	Zip:
Contact Name:		Phone:
Email:		

Have you contacted the home owner about installing a wheelchair ramp?

Yes No

Do you have verbal approval from the home owner to build a wheelchair ramp?

Yes No

My signature indicates that the above information is complete and true to the best of my knowledge. By submitting this application, I give Strong Women Organizing Outrageous Projects permission to obtain any further information relevant to this assistance request.

Signature:

Date: