PROJECT RAMP is a community foundation that was formed in 2012. The purpose is to give financial assistance to registered RAMP users who find it difficult to personally fund their transportation on RAMP. The foundation will give financial assistance to RAMP passengers that financially qualify for the assistance and are approved through the application process. Primary funding is through the generosity of the TANK employees.

**Who the Foundation Helps**
RAMP is the Regional Area Mobility Program, which provides ADA transportation operated by the Transit Authority of Northern Kentucky, to residents of Boone, Campbell and Kenton counties. The fare for the service is $2.50 a ride, which some riders find cost prohibitive, making it difficult to make trips to employment and for medical needs. PROJECT RAMP is a funding program offering financial assistance to cover a portion of this fare.

**Scehen Care Center**
PROJECT RAMP is administered by Scehen Care Center, a nonprofit 501(c) (3) organization that benefits the people of our region by addressing the need for improved health, social and educational services in our community.

**Deadline:** **FRIDAY, January 3rd, 2020 AT 5 PM**
This assistance is based on financial need and other criteria.

To be eligible for consideration, the applicant must first qualify under the 2020 United States Poverty Guidelines.

Household members are those family/related members you live with in the same home.

### 2020 Poverty Guidelines
For the 48 Contiguous States and the District of Columbia

<table>
<thead>
<tr>
<th>Household Size</th>
<th>200%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>24,120</td>
</tr>
<tr>
<td>2</td>
<td>32,480</td>
</tr>
<tr>
<td>3</td>
<td>40,840</td>
</tr>
<tr>
<td>4</td>
<td>49,200</td>
</tr>
<tr>
<td>5</td>
<td>57,560</td>
</tr>
<tr>
<td>6</td>
<td>65,920</td>
</tr>
<tr>
<td>7</td>
<td>74,280</td>
</tr>
<tr>
<td>8</td>
<td>82,640</td>
</tr>
<tr>
<td>For each additional person, add</td>
<td>8,360</td>
</tr>
</tbody>
</table>

If your household income exceeds the 200% column on this table, you are **NOT** eligible for assistance.

If you are within $500 dollars you may submit and provide special circumstances for consideration.
Application for Project RAMP funding

Eligibility Criteria: The applicant must first meet the 2020 U.S. Federal Poverty Guidelines for the 48 contiguous states and District of Columbia. Qualification is based on entire household income of related/family members.

How to Apply Checklist:
1. Complete the application. Application must be completed before meeting with Community Foundation staff OR being considered for funding. If you need assistance in order to complete the application, call 859-525-1128 and ask for Project RAMP coordinator, Deana Combs.

2. Submit the application by the deadline date to:
   - Mail: Project RAMP/Scheben Care Center
     31 Spiral Drive
     Florence, Kentucky 41042
   - Fax: 859-525-0351
   - Email: ProjectRAMP@csadultday.org

3. Terms & Conditions:
   a. Consideration deadlines shall be strictly enforced.
   b. Applicant must be in good standing with TANK rider status as established by TANK criteria.
   c. This is not a cash award. Ridership coupons and tickets are non-redeemable and non-transferable.
   d. If recipient sells or trades award to another person, Project RAMP status is immediately revoked and rider may lose RAMP privileges.
2020
APPLICATION

Applicant Information:
Please check one of the following:  □ First time Applicant  □ Previously applied

Name:

Address/Place of residence:

Phone Number:

Email:

Birthday (M/D/YR):

Social Security Number:

Number of Dependents:
Over 18: □ 18 and under: □

Gender:  □ Male  □ Female

Marital Status  □ Single  □ Married  □ Divorced  □ Widowed  □ Separated

A. Do you qualify for Medicaid?  □ Yes  □ No

B. Do you have health insurance?  □ Yes  □ No $_____ monthly premium

C. Do you □ Rent  □ Own Home  □ Live in Subsidized Housing  □ Homeless  □ Group Home  □ Shelter  □ Live with family or friends

If you own the home, provide property value: $_________________________

D. Are you employed?  □ Yes  □ No

If so, where? ____________________________________________________________

□ Full-time  □ Part-time  _______ hours per week

E. YOUR Gross Salary $________________ per □ year □ month □ week
F. Number of cars in household that are in working order: ________________
   List car(s): __________________________________________________________
   ___________________________________________________________________

G. Do you pay child support?  □ No  □ Yes $______________ per month

H. Do you receive child support  □ No  □ Yes $______________ per month

I. Do you receive alimony?  □ No  □ Yes $______________ per month

J. Do you receive unemployment?  □ No  □ Yes $______________ per month

K. Do you receive worker’s comp?  □ No  □ Yes $______________ per month

L. Do you receive a pension or retirement?  □ No  □ Yes $______________ per month

M. Do you receive social security/disability?  □ No  □ Yes $______________ per month

N. Your assets:
   Extra Information – Applicant ONLY- Just YOUR information- not family.
   □ Checking Account $______________ Balance
   □ Savings Account $ ________________ Balance
   □ Certificates of Deposit $____________________ Balance
   □ Stocks, bonds, Investments $____________________ Balance

RAMP Rider Data:
How often do you currently use RAMP service?  Circle best answer
   Daily   Several times each Week   Several times each Month   Occasionally

How do you currently pay your RAMP fare?  Circle best answer
   Monthly Pass   Ten Ride Card   Cash

Assistance Requested
Please provide a description of the assistance you are requesting from Project RAMP.
For example, number of bus tickets or amount of assistance for monthly passes for
____________________________________________________________________

____________________________________________________________________

5
Statement of Truth
I certify under the penalties of perjury that the information I have provided in this application is true and correct.

I agree to provide necessary information requested to review this application.

I give my permission to any third party listed in this application to provide/confirm information I have provided in this application.

I agree to inform TANK or the Scheben Care Center, if I no longer qualify to receive funding through Project RAMP due to an improved change in financial status.

I understand that funding shall be lost if my RAMP status is taken away.

I accept these terms and acknowledge that the rules governing this funding may change at any time.

Applicant Signature:
Parent, Guardian, Caregiver, Power of Attorney
or anyone else that assisted applicant with this application:

Date:

If you are over the household limit on Page 2, please provide information on special circumstances that the Award Committee should consider such as medical bills, school tuition, student loans, or other obligations.
RAMP User Status Verified:

☐ Yes
☐ No

Does applicant meet income requirement for funding?

☐ Yes
☐ No- sent letter of ineligibility

________________________________________________________________________
Date & Initials

Application Complete and Signed?

☐ Yes
☐ No- sent letter to correct & re-submit

________________________________________________________________________
Date & Initials

Review Committee: ____________________________

Date

Funding Awarded:

☐ Yes
☐ No-sent notice letter

________________________________________________________________________
Date & Initials

Funding Type Awarded: $_____________

☐ Ten Ride Ticket Award
☐ Monthly Pass Award

Award/Notification: ________________________________

Date & Initials