



PROJECT RAMP

2020

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.

Scheben Care Center

PROJECT RAMP is administered by Scheben 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, October 16th 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**

Household size	200%
1	24,120
2	32,480
3	40,840
4	49,200
5	57,560
6	65,920
7	74,280
8	82,640
For each additional person, add	8,360

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@csadulthood.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 Individuals in Household: Over 18: _____ 18 and under: _____
Number of YOUR Dependents:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> 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
November and December 2020.

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.

**OFFICE USE ONLY:
DO NOT MARK ON THIS PAGE**

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