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, June 22nd, 2018 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 2018 United States Poverty Guidelines.

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

**2018 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 2018 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.
2018
APPLICATION

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

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address/Place of residence:</td>
</tr>
<tr>
<td>Phone Number:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Birthday (M/D/YR):</td>
</tr>
<tr>
<td>Social Security Number:</td>
</tr>
<tr>
<td>Number Individuals in Household:</td>
</tr>
<tr>
<td>Over 18:                     □ 18 and under:</td>
</tr>
<tr>
<td>Number of YOUR Dependents:</td>
</tr>
<tr>
<td>Gender: □ Male □ Female</td>
</tr>
<tr>
<td>Marital Status □ Single □ Married □ Divorced □ Widow □ Separated</td>
</tr>
</tbody>
</table>

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 July 1st through January 31st, 2018

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
**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.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6
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