



## PROJECT RAMP

**2023**

**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. PROJECT RAMP is a funding program offering financial assistance to cover a portion of bus 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, March 17<sup>th</sup>, 2023**

**This assistance is based on financial need and other criteria.**

**To be eligible for consideration, the applicant must first qualify under the 2023 United States Poverty Guidelines.**

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

**2023 POVERTY GUIDELINES  
FOR THE 48 CONTIGUOUS STATES AND  
THE DISTRICT OF COLUMBIA**

<b>Household size</b>	<b>200%</b>
1	27,180
2	36,620
3	46,060
4	55,500
5	64,940
6	74,380
7	83,820
8	93,260
For each additional person, add	9,440

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 2023 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 each award period to be considered for funding. If you need assistance, please 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](mailto: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.

2023

## 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 <b>YOUR</b> 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 April through October 2023

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

<b>Applicant Signature:</b>
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