



DISABLED SERVICES CLIENT SHEET
Wheelchair Ramp
Pre-Screening Questionnaire

Date of initial Contact: _____ Staff Name (Completing Form): _____
Mr. _____
Ms. LAST NAME: _____ FIRST NAME: _____ MI: _____
ADDRESS: _____ (Must live in Duval County to qualify)
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ Alternate Phone/Cell: _____
DOB: _____

1. Do you or a family member living in the home have a disability?
_____ YES _____ NO (Does not qualify end interview)
2. Do you own or rent home _____ If rent Landlord or owner Name &
Address _____
3. Number of persons living in home? _____
4. What is your current household income? _____
5. Will you be living in the home for at least 12 months? _____ Yes _____ No
6. IF you qualify you will need the following information:

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Wheelchair Ramp Assistance Checklist

- ☐ 1. Bring in one form of Identification on all household members. (Examples include: Birth Certificates, Report cards for Children, Driver's License, State of Florida Identification)
- ☐ 2. Bring in: Social Security Card or Something Official with the number on it.
- ☐ 3. Bring in: Proof of Income for all household members. (Examples include: Copy of Check Stubs, W-4 Forms, SSI, VA, award letter verifying social Security; Retirement income, Department of Children and Families Income, Unemployment Compensation Status, Child Support, Income Tax Refund, etc.)
- ☐ 4. Bring in: Proof of household expenses. (Examples include: Electric/Water/Gas Bills; rent or mortgage payment; car payment, and / receipts from any bills paid that will give a clear picture of financial obligation.)
- ☐ 5. Bring in: Poof of home ownership. (Examples include: mortgage statement, deed, or property taxes.)
- ☐ 6. Bring in: Completed and signed Application.
- ☐ 7. Bring in: Hold Harmless Agreement, signed and notarized by occupant(s) and property owner(s) (if not the same).*

*Any individual with interest in the property must sign the Waiver of Liability.

If further information or clarification is necessary, staff will advise you as to what documentation is needed.

Name of staff referred to: _____ Date _____

MILITARY AFFAIRS, VETERANS & DISABLED SERVICES DEPARTMENT

