



**FRONT STREET UMC
WHEELCHAIR RAMP
Work Site Referral Form**

RECIPIENT'S NAME: _____ **AGE:** _____ **PHONE:** _____

STREET ADDRESS (Not Post Office Box): _____

GIVE DIRECTIONS TO WORK SITE PLEASE USE STREET NAMES, HWY'#S, COUNTY ROAD #'S, NORTH, SOUTH, EAST, WEST, ETC.

DESCRIBE ANY MEDICAL CONDITIONS: (HEART, CANCER, SEIZURES, COPD, AMPUTEE, ETC.)

CHECK CHARACTERISTICS THAT APPLY:

____ HARD OF HEARING
____ VISUALLY IMPAIRED
____ USES WALKER
____ FEEBLE
____ NOT AMBULATORY
____ DIALYSIS
____ DIFFICULTY TALKING
____ OTHER (PLEASE DESCRIBE)

WORK SITE ACTIONS REQUESTED:

____ WHEELCHAIR RAMP
____ STEPS
____ HANDRAILS
____ OTHER (PLEASE DESCRIBE)

CONTACT NAME (if different from recipient): _____

CONTACT PHONE: _____ **BEST TIME TO CALL:** _____

LANGUAGE SPOKEN: _____ ENGLISH _____ SPANISH _____ OTHER

DOES RECIPIENT OWN HOME (OR IS BUYING THE HOME) YES NO

MOBILE HOME: YES NO

REFERRAL FROM: _____ **PHONE:** _____

AGENCY: _____ **ADDRESS:** _____

Please return this completed form to:

**Front Street UMC
Wheelchair Ramp Ministry
PO Box 2597
Burlington, NC 27216-2597**

Office Use Only:

Date: Rec'd _____
Scouted _____
Completed _____