

State of New Mexico Governor's Commission on Disability (GCD)



Residential Accessibility Modification Program (RAMP)

Application Packet



**For more information please contact us at the phone numbers
shown below and ask for a RAMP Project Manager.**

Lamy Building • 491 Old Santa Fe Trail Santa Fe, New Mexico 87501
505-476-0412 / 877-696-1470 • Fax: 505-827-6328 • gcd@state.nm.us

RAMP services are available to any New Mexico resident with a disability and shall be coordinated on a case by case basis with the client, guardian, and staff of the GCD.

Eligibility:

Applicants must meet all of the following eligibility criteria:

- 1) Must be a citizen of the United States of America;
- 2) Must be a resident of New Mexico for at least six (6) months;
- 3) Must have a physical disability documented by receipt of Social Security Disability Benefits (SSI or SSDI) or a statement from a physician;
- 4) Must have applied for all other appropriate and available residential modification community resources leaving the RAMP as the “payer of last resort”;
- 5) Taxable or reportable income must be within 250% of the most current Federal Poverty Income Eligibility Guidelines for Medicaid and Children’s Health Insurance Program (CHIP).

	2015 Federal Poverty Guidelines (250%)							
Household Size	1	2	3	4	5	6	7	8
Taxable or Reportable Income	\$29,425	\$39,825	\$50,225	\$60,625	\$71,025	\$81,425	\$91,825	\$102,225

RAMP Services:

Modifications are physical adaptations, which provide direct remedial benefits to the client’s physical environment. All modifications must address the client’s disability and enable the client to function with greater health, safety or independence in their residence. All services shall be provided in accordance with applicable federal, state, and local building codes.

Scope of Service (Case by Case):

RAMP projects are targeted for safety or functional concerns that incorporate the client’s specific functional strengths and needs. To be reviewed on a case by case basis the following examples include modifications of the client’s physical environment as well as the necessary installation services for but not limited to:

- 1) Access routes;
- 2) Roll in showers;
- 3) Sink modifications;
- 4) Bathtub modifications;
- 5) Toilet modifications;
- 6) Water faucet controls;
- 7) Turnaround space adaptation;
- 8) Widening of doorways/hallways;
- 9) Specialized accessibility/safety adaptations/additions;
- 10) Handrails, grab-bars, door handle adaptations;
- 11) Automatic door opener/ doorbells;
- 12) Environmental controls incorporated into the house infrastructure (Case by Case):
 - a) modified switches, outlets, or other structural controls for home devices; and
 - b) alarm, alert or signaling systems which do not duplicate such systems included with personal support technology obtained under the separate service.

- I. Fire safety adaptations; or
- II. Glass substitutes for windows and doors or other structural safety modifications.

RAMP Service Limitations:

RAMP improvements or repairs to the existing home, which do not provide safety or functional benefit to the client, and any improvements that should be included as part of routine home maintenance shall not be approved. Such non-covered adaptations, modifications or improvements include but are not limited to:

- 1) Carpeting is excluded with the exception of repairs due to permitted modifications;
- 2) Roof repair;
- 3) Furnace replacement;
- 4) Completing unfinished construction projects;
- 5) Other general household repairs;
- 6) Vehicle modification;
- 7) Outdoor fences;
- 8) Medical devices and adaptations.

No duplicate modifications shall be approved. For example, if the client has a safe and usable ramp, a replacement ramp shall not be approved.

RAMP Funding Limitations:

- 1) RAMP funds may not be utilized to upgrade fixtures or other construction materials solely on the basis of aesthetic qualities or personal preferences when compared to lower cost fixtures or material that provide the same or similar functional benefit to the client. RAMP project funds shall not provide any materials or services that are not in the original bid approved by GCD;
- 2) Any augmentation or upgrade to the GCD funded portion of the RAMP project will void any warranties in place.
- 3) RAMP funds cannot be used to fund new residential construction, even if the new dwelling is designed to accommodate the needs of individuals with disabilities.

Submit Completed Application:

Return completed application, by US mail or in person, with original signature, proof of income, proof of disability, proof of residency and proof of denial from at least one other community resource to:

State of New Mexico Governor's Commission on Disability
Attn: RAMP
491 Old Santa Fe Trail, Lamy Bldg.
Santa Fe, NM 87501

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APPLICATION

Name:	Phone:	Date:
E-mail:	Alternate Contact Person:	
Address (include city):	Alternate Contact Person Phone:	
What modification are you requesting?		
Why do you need this modification?		
Demonstrate that RAMP funds are the "payers of last resort," by listing other community resources that you have contacted and that have declined to provide you with assistance.		
Managed Care Organization (MCO):		
<input type="checkbox"/> Presbyterian Healthcare <input type="checkbox"/> Molina Healthcare <input type="checkbox"/> Blue Cross Blue Shield <input type="checkbox"/> United Healthcare		
Care Coordinator Name: _____ Contact Information: _____		
<input type="checkbox"/> Independent Living Center <input type="checkbox"/> Developmental Disability Waiver <input type="checkbox"/> Self Directed Waiver		
<input type="checkbox"/> Home and Community Based Waiver <input type="checkbox"/> Other Organization		
Organization Name: _____		
Contact Name: _____ Phone Number or Email: _____		
Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Annual household taxable/reportable income: _____ Number of persons in household: _____		

2015 Federal Poverty Guidelines (250%)								
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*I agree to provide information needed to determine eligibility for the RAMP assistance;
 I understand that I will be subject to legal action for recovery of amounts of assistance to which I am not entitled;
 I further understand that anyone who aids in deceiving the State of New Mexico Governor's Commission on Disability is subject to criminal penalties prescribed by law;
 I understand the questions on this application;
 I am a citizen of the United States of America;
 I am a resident of the State of New Mexico;
 My answers are complete and correct to the best of my knowledge.*

Print Name

Applicant/Representative Signature

Date

Submit one (1) copy of application with original signature and one (1) copy each of required backup documents, not originals.

**State of New Mexico
Governor's Commission on Disability (GCD)**

Residential Accessibility Modification Program (RAMP)



Application Submission CHECKLIST

Must submit the following in order to be considered for approval (initial each line):

Completed Application _____

Proof of Income _____

Proof of Residency _____

Proof of Disability _____

Proof of Denial from at least one other community resource _____

Landlord Approval Letter (if applicable) _____

Submit one (1) copy of Application Submission CHECKLIST with original signature/initials.

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**Residential Accessibility Modification Program (RAMP)
Residency / Ownership Affidavit**

1) I am the property owner

Please submit any of the following documents as proof of ownership:

- Warranty Deed
- Deed of Trust
- Mortgage Note or Satisfaction of Mortgage Letter

2) I rent the property

Please submit the following:

- Lease Agreement
- GCD's Landlord Approval Letter

3) I do not own or rent the property

Please explain in detail:

Print Name

Applicant/Representative Signature

Date

Submit one (1) copy of Residency/Ownership Affidavit with original signature.

**State of New Mexico
Governor's Commission on Disability (GCD)**

Residential Accessibility Modification Program (RAMP)



Landlord Approval Letter

_____ is/are the owner(s) of the property at
Owner's Name
_____.
Property Name and Address _____, Owner's Name _____
currently has/will have a lease agreement with _____, for a
Tenant's Name
period of _____ years that will expire on _____.

_____ is/are in full agreement of the proposed improvements
Owner's Name
to the above mentioned leased property as part of the Residential Accessibility Modification Program
(RAMP) and grants _____ permission to allow proposed
Tenant's Name
improvements specified in the application.

_____ agrees to the following restrictive terms, which will be
Owner's Name
signed by both _____ and _____.
Owner's Name Tenant's Name

- (a) GCD's RAMP will not be held liable and will not be held responsible for work performed by the contractor.
- (b) GCD's RAMP will not be held responsible or obligated to bring the residence back to pre-existing conditions during or after any modification is complete.
- (c) Any augmentation or upgrade to the GCD funded portion of the RAMP project may void any warranties in place.
- (d) If any unforeseen circumstances are found during construction, the recipient may be asked to fund any additional costs.

_____ acknowledge that as part of the project work order
Owner's Name
documents, the project is under a one (1) year warranty. The warranty will warrant and guarantee against faulty materials and workmanship for only the work specified on this project work order.

Tenant Printed Name: _____

Tenant Signature: _____ Date: _____

Landlord/Corporation Printed Name: _____

Landlord/Corporation Signature: _____ Date: _____

Submit one (1) copy of Landlord Approval Letter with original signatures.