

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



Residential Accessibility Modification Program (RAMP)

Fact Sheet



**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

State of New Mexico Governor's Commission on Disability (GCD) Residential Accessibility Modification Program (RAMP)



FAQ's/Fact Sheet

Question: What is the RAMP?

Answer: RAMP is a State funded program that will help improve the quality of lives for individuals with physical disabilities by making improvements to their current housing situation.

Examples: A ramp to the front door, replacing a tub with a roll-in shower, installing grab bars.

Question: What are the eligibility requirements?

Answer:

- 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 another appropriate and available residential modification community resource 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).

	2018 Federal Poverty Guidelines (250%)							
Household Size	1	2	3	4	5	6	7	8
Taxable or Reportable Income	\$30,360	\$41,160	\$51,560	\$62,760	\$73,560	\$84,360	\$95,160	\$105,960

Question: Where can I find an application?

Answer: Applications can be found online, www.gcd.state.nm.us, or a hard copy can be picked up at our offices:

491 Old Santa Fe Trail (Lamy Building) or 625 Silver Ave SW Ste. 100 B
Santa Fe, New Mexico 87501 Albuquerque, New Mexico 87102

****NOTE:** All applications must be mailed or delivered in person to GCD with original signatures.

Questions: How long does the entire process take?

Answer:

- 1) From the time the application has been submitted to GCD it can take approximately 2-3 weeks to get a response as to whether the application was approved, deemed incomplete or denied.
- 2) Project design and construction can take up to 6 weeks depending on the size and location of the project.

Question: Are there any fees?

Answer: The intent of this program is to fund 100% of the project costs allowed for any given project. However if any unforeseen circumstances are found during construction, the client will be asked to fund any additional costs.

Examples: Rotting lumber, mold, replacement of deteriorated utility lines, etc.

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;

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:

These pages were for informational purposes. Please return the following completed pages, **and any additional requirements**, as your 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**

Your application must be complete and contain all the required forms and documents before you can be considered for Pre-Approval to this program.

PLEASE DETACH AND REMOVE THESE FACT SHEETS PRIOR TO SUBMITTING THE FOLLOWING APPLICATION TO THE GCD.

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



Residential Accessibility Modification Program (RAMP)

Application Packet



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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 (check each box):

Completed Application

See Page 2 Following this Checklist.

Proof of Income

Previous years IRS Tax Returns. (If not required to file, please provide all sources of income for those living in the household. This may include, but not limited to: Social Security Income, Employer Pay stubs, Retirement Benefits and any other income sources.)

Proof of Residency

A copy of a State of New Mexico issued Identification card or a Utility Bill under the applicant's name.

Proof of Disability

A letter from a Doctor or Certified Nurse Practitioner, or a statement indicating Social Security Disability Income.

Proof of Denial from at Least One Other Community Resource

A letter from either one of the Community Resource Centers listed on Page 2, or another Community Resource stating that the resource is unable to provide this modification to the applicant.

Proof of Home Ownership

or

Landlord Approval Letter (if applicable)

For proof of home ownership: A copy of the most recent County Tax Bill, Warranty Deed, Quitclaim Deed, Real Estate Contract, Mortgage Note, or Sanctification of Mortgage Letter.

If renting the property: A copy of the Landlord Approval Letter. (Page 4)

Submit one (1) copy of Application with ORIGINAL SIGNATURES.

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

Residential Accessibility Modification Program (RAMP)



APPLICATION

Name:	Phone:	Date:
E-mail:	Alternate Contact Person/Phone Number:	
Physical Address (include city):	Mailing Address (if different):	
What modification are you requesting?		
Why do you need this modification?		

Are you a Veteran? Yes _____ No _____

Are you currently enrolled in any of the following Managed Care Organization (MCO) waivers: Yes _____ No _____

Developmental Disability Waiver Home and Community Based Waiver Self Directed Waiver

Must have applied for, and been turned down by another residential modification community resource for the desired modification.

Please provide a 'Letter of Denial' from ANY of the organizations below, or similar community resource:

- | | | |
|---|--|--|
| <input type="checkbox"/> Independent Living Resource Center
(505) 266-5022 or (505) 832-1128 | <input type="checkbox"/> San Juan Center for Independent Living
(505) 566-5927 | <input type="checkbox"/> Mesa to Mesa (Northstate)
(505) 927-2105 |
| <input type="checkbox"/> USDA (Statewide) (505) 761-4950
(ask for housing program) | <input type="checkbox"/> Sawmill Community Trust (505) 764-0359
(Bernalillo County) | <input type="checkbox"/> NM Ramp Project (575) 522-8220
(Las Cruces area) |
| <input type="checkbox"/> City of Las Cruces (575) 528-3022
(Mobile Home Ramp Installation) | <input type="checkbox"/> Habitat For Humanity/Taos-575-758-7827
Santa Fe-505-986-5880/Gallup-505-722-4226 | <input type="checkbox"/> Habitat For Humanity (505) 747-2690
(Española Valley/Los Alamos) |

Other Residential Modification Organization Name: _____

Contact Name: _____ Phone Number or Email: _____

Annual household taxable/reportable income: _____ (Provide Tax Returns)

Total Number of persons living in household: _____

*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)
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 SIGNATURES.

**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 _____.

- (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 Residency/Ownership Affidavit with ORIGINAL SIGNATURES.