



**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 \_\_\_\_\_