



## INJURY PREVENTION ELDER RAMP REQUEST

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WICHITA ENROLLMENT CDIB#: \_\_\_\_\_

REASON OF REQUEST: \_\_\_\_\_

### Required qualifications include:

- Must be an enrolled member of the Wichita and Affiliated Tribes
- Must provide copy of CDIB
- Must provide proof of home ownership (deed)
- Must be 55 years and older

I hereby release the Wichita and Affiliated Tribes Injury Prevention Program and any other Tribal Program or Employees from any present or future liabilities and any injuries. I understand that this request form does not guarantee a ramp installation. I also understand that should my request form be approved for a ramp installation, this is a first come, first serve basis and a home assessment will be conducted upon selection.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval Signature

\_\_\_\_\_  
Date

Submit request to [janny.williams@wichitatribe.com](mailto:janny.williams@wichitatribe.com) or call 405-247-8657 to schedule a drop-off. Deadline for submission is December 31, 2020 at 5:00pm