



2527 W. Rohmann Ave
West Peoria IL 61604

Third Party Ramp
Referral Form

Providing Access to
Independence

Date: _____

Client and Patient Information

FIRST Name: _____

LAST Name: _____

Phone Number: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

County: _____

Date of Birth: _____

Sex: ___

Additional Client Information

Client's Age at Referral: _____

Date of Birth: _____

Gender: _____

Handicapped and living alone? Y / N

Veteran? Y / N

Is there a caretaker? Y / N

If a caretaker:

Caretaker Name: _____

Phone: _____

Financial need based on your agency's guideline? Y / N

Does the client own, or rent their home? ___ Own ___ Rent

Where is the ramp needed, e.g., front door, side door, etc?

Provide details of the client's mobility that are relevant to a ramp (e.g., manual wheelchair, powered wheelchair, assisted walking, etc.) Is mobility expected to change in the future?

Is there an existing, dangerous ramp at the client's home? Y / N

Referring Agency Information

Referring Agency: _____

Referring Social Worker/Case Manager's **Name:** _____

Phone: _____

Email: _____

Date received by His Helping Hands _____