APPLICATION FOR DISABLE PERSON ASSISTANCE

DeSoto Parish Police Jury

Please choose help requested _____Ramp _____Drive

Submit Application to DeSoto Parish Police Jury at 101 Franklin; Mansfield, LA 71052
Any questions call 318-872-0738

WARNING! PENAL CODE §37.10 PROVIDES THAT FALSIFYING A GOVERNMENTAL RECORD IS A CLASS A MISDEMEANOR UNLESS THE ACTOR'S INTENT IS TO DEFRAUD OR HARM ANOTHER IN WHICH EVENT IT IS A SECOND DEGREE FELONY.

DISABILITY STATEMENT

This form is not valid for more than 12 months from the date of application

SECTION A

I, _____have a disability ____**permanent** or ___**temporary**
Printed Name of Disable Person **___Mobility Impaired** **____Non-Mobility Impaired**

Address of Person Requesting Assistance:_____

City, State, Zip Code : _____

Physical Address of Repair or Installation:_____
If same omit and indicate same _____

Disable person's phone # _____**Date of Birth** _____

SEX _____**Male** _____**Female** **Handicap Number:**_____

Nature of Disability:_____

1. Person must have a doctor's statement indicating they are temporarily or permanently disabled.

Name of Doctor Providing Statement: _____

Date Doctor's Statement Issued: _____

Is Doctor's Statement attached? **YES**_____ **NO** _____

2. Person must be unable to function without help from an outside source:
NATURE OF OUTSIDE HELP:

a. Confined to use of wheel chair? _____ **Walker** _____ **Cane**_____
b. Public Transportation (explain)_____
c. Friend? _____ **Relative**_____

d. Other (explain)?_____

3. Verification of Income for two months per household member: (copies required)

Paycheck Stub/SSI (Social Security)	**$_____**	**Monthly (Specify Type)**
Retirement	**$_____**	**Monthly**
Disability Income Statement	**$_____**	**Monthly**
Other Household Income Source	**$_____**	**Monthly**
	total $_____	

Verified by Finance Department: _____

SECTION B

4. ALL Household Occupancy information is required to complete your application along with income. Falsifying any information on this form will prohibit ability to apply for any additional assistance which may be available through this organization.

Name	Age	Social Security Number	Employed/School

DEFINITIONS

"Disability" means a condition in which a person has:
(A) Mobility problems that substantially impair the person's ability to ambulate;
"Mobility problem that substantially impairs a person's ability to ambulate" means that the person:
(A) cannot walk 200 feet without stopping to rest;
(B) cannot walk without the use of or assistance from an assistance device, including a brace, cane, crutch, another person or a prosthetic device;
(C) cannot ambulate without a wheelchair or similar device;
(D) is restricted by lung disease to the extent that the person's forced respiratory expiratory volume for one second, measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest;
(E) uses portable oxygen;
(F) has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association;
(G) is severely limited in the ability to walk because of an arthritic, neurological, or orthopedic condition; or
(H) has a disorder of the foot that, in the opinion of a person licensed to practice podiatry in this state or in a state adjacent to this state, limits or impairs the person's ability to walk; or
(I) has another debilitating condition that, in the opinion of a physician licensed to practice medicine in this state or a state adjacent to this state, or authorized by applicable law to practice medicine in a hospital or other health facility of the Veterans Administration, limits or impairs the person's ability to walk.

SECTION C

ONCE THE ABOVE CRITERIA HAVE BEEN MET THE ADMINISTRATOR, MAINTENCE SUPERVISOR AND/OR THE ROAD SUPERINTENDENT WILL DECIDEON THE COURSE OF ACTION TO BE TAKEN FOR THE REQUESTED ASSISTANCE.

Recommendation: Driveway _____Ramp_____

District Installed_____

Signature of Superintendent:_____Maintenance

_____Road

_____Administrator

Brief Scope of Work to be done:

_____

_____

_____

_____

_____

Before and After photos Attached:
