



EmmanuWheel is a non-profit organization providing accessibility ramps to those with significant mobility impairment who cannot afford the cost of labor and materials. Because of the tremendous need in our community and EmmanuWheel's limited resources, your help in establishing eligibility is invaluable.

Client's Information

Name: _____

Male Female Other Date of Birth: _____

Ethnicity: Native American or Alaskan Asian Black or African American
 Hispanic or Latino Native Hawaiian or Pacific Islander White or Caucasian

Veteran Branch of Service: _____

First Responder Position & Location: _____

Member of Church/Org Church/Org Name : _____

Client Address: _____

Client Phone Number: _____

What are the diagnoses causing mobility impairment? _____

Eligibility & Planning

Monthly income of entire household (before taxes): _____

Number of people in household: _____

Approximate Number of Steps: _____ Own or Rent

Landlord's Name: _____ Contact Info: _____

Referrer's Information

Referral Date: _____

Name & Organization

Phone Number & Email

Please return the completed form via email to info@emmanuwheel.org or via US Mail to EmmanuWheel P.O. Box 1626 Lexington, SC 29071