

APPLICATION FOR CUSTOMIZED WHEELCHAIR

Name of Child		Gender	Age	
Date of Birth:				
Disability and/or diagnosis				-
Current Method of Mobility				_
Parent(s) / Guardian Name		·		_
Street Address				_
City				_
Home Phone	Alt Phone _			_
Current School				_
Name & Contact Number of Physical/C	-			
MOBILITY EQUIPMENT (please use 1. Describe the specific mobility e				olication)
2. Describe how the mobility equi	ipment will assist y	your child:		
3. Describe how the mobility equi	ipment will assist t	the parent(s)/Gu	ardian:	
4. Who identified the need for this	s type of mobility	equipment?		

5. Is the child eligible for: (Please circle Yes or No)			
Private Insurance	YES	NO	
Medicaid	YES	NO	
APD (Agency for persons with Disability)/Development Services	YES	NO	
Children's Medical Services	YES	NO	
Vocational Rehabilitation (16 yrs. Or older)	YES	NO	
Other:	YES	NO	
If the agency will not pay for the mobility equipment please providenial from Medicaid for a stroller is not necessary as we know M PARENT(S) / GUARDIAN: I understand that Wheels for Kids is a non-profit organization and guaranteed the mobility system requested.	edicaid will n	ot pay for a stroller.)	
I grant permission for Wheels for Kids to take pictures of my child	l for fund rai	sing purposes.	
Parent/Guardian Signature			
Date			

WHEELS FOR KIDS, INC. WAIVER OF LIABILITY

1.	The	undersigned	d,	hild (collectiv	elv referred	, I to herein a	as parent as "Recipien	of nt")
hereby acceptor-profit corp	ts a wh	neelchair (the	= "Donated W	heelchair") fro	om Wheels	for Kids, Inc	., a Florida r	iot-
2. members, em and all person Donated Whe	ployee al inju	es, agents, ar ries, damage	nd representa to property, o		and all res	ponsibility o	r liability for a	any
3. arising from F personal injur	Recipie	ent's use of th	ne Donated V					
4. members, em regarding the that Wheels representative	ployed safety for K	es, agents, a , suitability or ids, Inc., its	nd representar fitness for its officers, dir	s intended pu rectors, staff	nade no rep rpose of the members,	resentation Donated W employees	s or warrant /heelchair, a s, agents, a	ies and
5. Wheelchair.	I cert	ify that I am t	he parent or	legal guardiaı	n of the chil	d who will u	se the Dona	ted
6. THAT WHEE EMPLOYEES ANY INJURY RECIPIENT'S RECIPIENT A DIRECTORS LIABLE FOR A FROM THE D HAS FULL KN THIS WAIVEI RECIPIENT IS RECIPIENT.	ELS FO F, AGE G USE ALSO STAF ANY M DONAT ROOKLI R OF L	OR KIDS, INNTS, AND RECOMENT OR THE UNDERSTAREMBERS EDICAL BILLED WHEEL LIABILITY AND A	NC. AND ITS EPRESENTA MISHAP IN DONATED NDS THAT S, EMPLOYE S OR PROFE CHAIR. REC APPRECIATION	ATIVES ARE INVOLVING, AN WHEELCHA WHEELS FOR SOME TO SOME THE FOR ON OF THE FOR THE FO	S, DIRECTONOT RESPO RISING FF IR IN ANY OR KIDS, IN , AND REPO EES ASSOC THER CER RISKS AND S THAT BY	ORS, STAFONSIBLE OR ROM, OR F WAY, W NC. AND IT RESENTAT CIATED WIT TIFIES THA HAZARDS I	F MEMBER R LIABLE FOR RELATING HATSOEVE S OFFICER IVES ARE N H OR ARISH AT RECIPIE DESCRIBED THIS WAIVE	RS, OR TO ER. RS, OT NG NT OIN ER,
			Date		Parent/Leg	gal Guardiar	n - signature	
					Parent/Leg	gal Guardiar	n - print nam	e
			Date			Witnes	s – signature	<u>—</u>

Witness - Print Name