

## REQUEST FOR ALL-TERRAIN WHEELCHAIR

Please note: ATW use is for up to two (2) weeks with a reservation and deposit

### CHILD'S INFORMATION:

Name: (Last/First/Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Diagnosis \_\_\_\_\_

Resident of Georgia? Yes No U.S. Citizen? Yes No If no, Greencard Other \_\_\_\_\_

### FAMILY INFORMATION:

Parent(s)/Guardian(s) \_\_\_\_\_

Home Telephone: Area Code (\_\_\_\_) \_\_\_\_\_ No. children in Family \_\_\_\_ Ages \_\_\_\_\_

E-Mail \_\_\_\_\_

### EMPLOYMENT OF PARENTS:

Father's Employer \_\_\_\_\_ Area Code (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Area Code (\_\_\_\_) \_\_\_\_\_

Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

### WHEELCHAIR INFORMATION:

Is your Child Wheelchair dependent? Yes No

Type of wheelchair normally used? (Brand Name/Model) \_\_\_\_\_

\_\_\_\_\_ Manual? Motorized?

Dates requesting all terrain wheelchair (not to exceed two weeks) \_\_\_\_\_

Date to be picked up \_\_\_\_\_ Date to be dropped off \_\_\_\_\_ (Monday - Friday Only)

Where will the wheelchair be used? \_\_\_\_\_

What activities will it be used for (list all activities) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION:**

Is Child oxygen dependent?    Yes    No                      Is Child ventilator dependent?    Yes    No

Name of all social worker(s), case manager(s), etc. (either hospital and/or other agency) involved with Child's care \_\_\_\_\_

Name of Child's school or day care program \_\_\_\_\_

Area Code (\_\_\_\_\_) \_\_\_\_\_ Contact Name \_\_\_\_\_

How did you learn about Fragile Kids Foundation? (Please be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Signature of Parent or Guardian

Date

Enclosed is a letter from a physician or other professional staff person verifying that the all-terrain wheelchair is appropriate for my child. (this letter must be included with application before consideration will be made.)

... My completely refundable \$100 is enclosed:

... Check

... Money Order

... Credit Card: Type \_\_\_\_\_ Card # \_\_\_\_\_ Exp. \_\_\_\_\_