

**Important Information:**

* All Terrain Wheelchairs are available for a maximum two week period per family.
* Families are responsible for picking up and dropping off the wheelchair from the FOCUS + Fragile Kids office (3825 Presidential Parkway, Suite 103; Atlanta, GA 3034).
* A $100 refundable deposit is required in order to use this wheelchair, and will be returned when the chair is returned to the FOCUS + Fragile Kids office.
* To submit a complete request, you must include the following:
	+ A complete application (below)
	+ $100 refundable deposit
* Completed applications may be mailed to:

FOCUS + Fragile Kids

3825 Presidential Parkway, Suite 103

Atlanta, GA 30340

Feel free to contact the FOCUS + Fragile Kids office at 770-234-9111 or angie@focus-ga.org.

**ALL-TERRAIN WHEELCHAIR REQUEST**

**CHILD’S INFORMATION:**

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| Name (First/Middle/Last):       |
| Street Address:       |
| City:       | State: Georgia | Zip:       | County:       |
| Date of Birth:       | Age:       | Height:       | Weight:       |
| Diagnosis:       |
| Diagnosis made by:       | Date of Diagnosis:       |
| US Citizen? [ ] Yes [ ]  No (include copy of birth certificate) |

**FAMILY INFORMATION:**

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| Relationship to Child: [ ]  biological parents [ ]  adoptive parents [ ]  grandparents [ ]  other:       |
| Parent/Guardian(s):       |
| Phone Number:       | Email:       |

**EMPLOYMENT INFORMATION:**

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| Parent Name:       |
| Employer:        |
| Employer Phone:       |
| Position:       | Supervisor’s Name:       |
| Spouse/Domestic Partner’s Name:       |
| Employer:       |
| Employer Phone:       |
| Position:       | Supervisor’s Name:       |

**WHEELCHAIR INFORMATION:**

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| Is your child wheelchair dependent? [ ] Yes [ ]  No  |
| Type of wheelchair used (brand & model):       [ ] Motorized [ ]  Manual  |
| Dates requesting all terrain wheelchair (not to exceed 2 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)?       |
| Is child oxygen dependent? [ ] Yes [ ]  No  | Is child ventilator dependent? [ ] Yes [ ]  No  |
| Please provide any additional information you believe would be beneficial in evaluating this request:       |
| How did you learn about FOCUS + Fragile Kids (please be specific):       |

**DEPOSIT:**

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| My refundable $100 deposit is enclosed in the form of:[ ] Check (#      )[ ] Money Order (#     )[ ] Credit Card (Type:       Card Number:       Exp. Date:      ) |

**WAIVERS & RELEASE:**

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| I do hereby authorize all hospitals, physicians, financial institutions, insurance groups, or other professional staff persons to release FOCUS + Fragile Kids Foundation, or its duly authorized representative, any information deemed necessary to complete its investigation on my application for assistance.­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent/Guardian Date |

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| I understand and agree that FOCUS + Fragile Kids is making this equipment available for a refundable fee of $100, that will be returned when I return this equipment to the FOCUS office. It is the Parents’ duty to inspect the equipment at the time of receipt. FOCUS + Fragile Kids makes no representations as to the suitability of the equipment. On behalf of themselves and on behalf of anyone using the equipment, Parents release and hold harmless FOCUS + Fragile Kids and all its employees and agents from any claims or losses directly or indirectly related to the equipment. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent/Guardian Date |

*FOCUS + Fragile Kids does not discriminate against or deny aid to any applicant because of race, religion, color, national origin, sex or political affiliation.*

**OPTIONAL:**

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| This portion of the application contains information that will be used to assure our outreach is serving a diverse community within the state of Georgia. This information will NOT be used during the Review Process to evaluate the application. |
| Ethnicity:[ ] White/Caucasian [ ]  Black of African-American[ ] Hispanic [ ]  Asian or Pacific Islander[ ] American Indian/Native American [ ]  Other:       |