

**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:**

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

**EMPLOYMENT INFORMATION:**

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

**WHEELCHAIR INFORMATION:**

|  |  |
| --- | --- |
| 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: |