



**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](mailto:angie@focus-ga.org).

**ALL-TERRAIN WHEELCHAIR REQUEST**

**CHILD’S INFORMATION:**

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? <input type="checkbox"/> Yes <input type="checkbox"/> No (include copy of birth certificate)			

**FAMILY INFORMATION:**

Relationship to Child: <input type="checkbox"/> biological parents <input type="checkbox"/> adoptive parents <input type="checkbox"/> grandparents <input type="checkbox"/> other:	
Parent/Guardian(s):	
Phone Number:	Email:

**WHEELCHAIR INFORMATION:**

Is your child wheelchair dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of wheelchair used (brand & model): <input type="checkbox"/> Motorized <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child ventilator dependent? <input type="checkbox"/> Yes <input type="checkbox"/> 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:**

My refundable \$100 deposit is enclosed in the form of:

Check (# \_\_\_\_\_ )

Credit Card (Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ )

**WAIVERS & RELEASE:**

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

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:**

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: