

Wheelchair Help's Mission is to
Improve Quality of Life and Health
by providing
wheelchairs and mobility equipment
not funded by
Medicare, Medicaid or Insurance.

Programs Include:
Gifts • Loaners
Sponsor a Scooter
Budget Assistance • Subsidies
Support Network
Music Outreach • Project Ramp

Safety tips:

- Do not exceed weight limit with patient and baggage.
- Inspect equipment regularly especially brakes (wheel locks) on wheelchairs and rollators.
- Client agrees to report any safety hazards immediately or accept full responsibility.
- Swing legrests away before entering wheelchair and use wheel locks (brakes).
- When descending an incline it is safer for the caregiver to pull the wheelchair down the incline to prevent run-away.
- Client agrees to read owner's manual for safe use of equipment and use as directed.

Part 2: Only required for Gift or Budget Assistance (SS# required of both applicants)

Assistance Requested? _____

Do you have Medicare, Medicaid or Insurance? _____ What portion will Medicare... Insurance pay *if any*: \$ _____

Can you afford to purchase this equipment at regular price from a local supplier, explain? _____

How much can you raise towards Equipment Costs, including family, friends, community...? \$ _____

Briefly explain your financial situation: _____

What organizations are most likely to participate? Employees/Employer, Club, Church, School... _____

Please list agencies you have contacted and the probability of us working with them? _____

Would this equipment be used in the home, travel or both? _____

Is home wheelchair accessible? Width of Halls and Doors? Is home accessibility assistance needed? _____

How would you transport this equipment in vehicle to activities...? _____

Model and year of vehicle: Van, Truck, Car... _____

Do you drive it? Alone? Who would assist you in travel? _____

How would this equipment effect your lifestyle and health? _____

____ What are your family's concerns on mobility in the home and outside? What hazards do you face, and how would motorized mobility affect safety? _____

What does your Dr recommend? Dr & Phone: _____

Would Dr write a prescription for equipment assuming Medicare... Insurance is not paying? _____

Occupational or Physical Therapists & Phone, if applicable (is OT assistance required): _____

If applicable, is applicant in a nursing home, how long? _____ Probability of coming home within 1 year? _____

Do you authorize WheelchairHelp.org inc to consult with sponsors and medical professionals or send them copies of this application *or relevant parts*? _____