

### Important Information:

- All Terrain Wheelchairs are available for a maximum two-week period per family from Families of Children Under Stress (FOCUS).
- Families are responsible for picking up and dropping off the wheelchair from the FOCUS office (3825 Presidential Parkway, Suite 103; Atlanta, GA 30340).
- A \$100 refundable deposit is required to use this wheelchair and will be returned when the chair is returned to the FOCUS office.
- To submit a complete request, you must include the following:
  - A complete application (below)
  - o \$100 refundable deposit
- Completed applications may be mailed to:

FOCUS

3825 Presidential Parkway, Suite 103

Atlanta, GA 30340

Feel free to contact the FOCUS office at 770-234-9111 or devi@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 Di	iagnosis:
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:

# WHEELCHAIR INFORMATION:

Is your child wheelchair dependent?  Yes  No			
Type of wheelchair used (brand & model):			
Motorized     Manual			
Dates requesting all terrain wheelch	•	•	
Date to be picked up:	Date to be dropped off: (Monday-Friday only)		(Monday-Friday only)
Where will the wheelchair be used:			
What activities will it be used for (lis	t 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? (pl	lease be specific):		

# DEPOSIT:

My refundable \$100 de	posit 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, 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 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 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 and all its employees and agents from any claims or losses directly or indirectly related to the equipment.

Signature of Parent/Guardian Date	

FOCUS 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:	