



## AdaptAbility Therapy Center Application

Congratulations on taking the first step to help your clients  
experience the freedom of riding a bicycle!

This application is intended for us to learn about your therapy center, team and your clients.

Your answers are intended for our private use, if your therapy center is receiving a rental of an adaptive bicycle, we also reserve the right to share some details about your center, name and address, and photographs as part of our promotion of the program. You are giving us that permission by submitting this application.

CONSENT FORM:

I hereby give ADAPTABILITY sole permission to follow a line of investigation on any of the information I have provided on this application. This includes ADAPTABILITY contacting the applicant's center, agencies, care team, and or medical personnel listed anywhere on this application. I understand that ADAPTABILITY reserves the right to review and report internally and to a 3rd party the results of its review of my application as it deems appropriate. I also give ADAPTABILITY the right to use names, medical condition, and photographs for promotional purposes on our website, social media, printed flyers, and any other promotional material we deem necessary for our center to receive a rental bicycle from ADAPTABILITY.

By entering your full name,

\_\_\_\_\_, you are effectively providing  
your signature,

\_\_\_\_\_, providing your permission  
to the above and indicating that all the information on this form is true and accurate, to the best of your  
knowledge. THIS SECTION MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN IF APPLICANT IS A MINOR AND/OR  
CANNOT SIGN. \*

# Application

Please complete the form below

Center Name: \_\_\_\_\_.

Center Address: \_\_\_\_\_.

Center Phone Number: \_\_\_\_\_.

Center Website: \_\_\_\_\_.

Application Date: \_\_\_\_\_.  
MM DD YYYY

Owner or Supervisor Name: \_\_\_\_\_.  
First Name Last Name

Owner or Supervisor Email and Phone Number:

Email: <http://> \_\_\_\_\_.

Phone Number: \_\_\_\_\_.

Physical Therapist: \_\_\_\_\_.  
First Name Last Name

Physical Therapist Email and Phone number:

Email: <http://> \_\_\_\_\_.

Phone Number: \_\_\_\_\_.

DEMOGRAPHICS:

How many clients are in your center? \_\_\_\_\_.

How many clients per therapists are in the Center? \_\_\_\_\_.

Percentage of therapists with 3 or more years of experience in the Center \_\_\_\_\_.

Does the center offer different languages? \_\_\_\_\_.

How many clients are children in the Center? \_\_\_\_\_.

How many clients are adults in the Center? \_\_\_\_\_.

Please describe type of special needs or disability:

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Please describe the physical therapy equipment use in the Center:

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Does the Center have Adaptive Bicycles? \_\_\_\_\_.

How many Adaptive Bicycles the Center have? \_\_\_\_\_.

Please describe using percentage (%) the gender in the Center:

Female \_\_\_\_\_ Male \_\_\_\_\_

Please describe using percentages (%) the diversity in ethnics groups in the Center:

Black \_\_\_\_\_ Hispanic \_\_\_\_\_

White \_\_\_\_\_ Two or more races \_\_\_\_\_

American Indian \_\_\_\_\_ Alaska Native \_\_\_\_\_

Hawaiian Native \_\_\_\_\_ Asian \_\_\_\_\_

Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

How did you hear about AdaptAbility?

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Any information you would like to share that is not asked on the application or any supporting information please email to [believe@adaptabilitybike.org](mailto:believe@adaptabilitybike.org)

We are very excited that you are part of our program in Centers.  
We will do everything we can to help your Center to get more Adaptive Bicycles.

We wish you luck and please contact us at [believe@adaptabilitybike.org](mailto:believe@adaptabilitybike.org)  
If you have any questions or concerns.  
Thank You.

**ADAPTABILITY**

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[adaptabilitybike.org](http://adaptabilitybike.org)