



# AdaptAbility Application

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

This application is intended for us to learn about your child's condition and your family. Your information will allow us to make the best educated decision possible for the recipient of the adaptive bicycle.

Your answers intended for our private use, but If your child is chosen to receive an adaptive bicycle, we also reserve the right to share some details about your child's medical condition, his or her name, and photographs as part of our promotion of the program. You are giving us that permission by submitting this application.

You will need the following information to complete the application:

Child's PT/OT contact information

Child's Doctor contact information

Authorization's Letter from child's Doctor and PT/OT for the use of an adaptive bicycle (Supporting Documentation).

Recommendation's Letter from child's Doctor and PT/OT for the use of an adaptive bicycle (Supporting Documentation).

Child's Photos (Supporting Documentation).

Any information you would like to share that is not asked on the application.

You may email any supporting documentation to [believe@adaptabilitybike.org](mailto:believe@adaptabilitybike.org)

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 school, 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 my child's name, medical condition, and photographs for promotional purposes on our website, social media, printed flyers, and any other promotional material we deem necessary if my child is chosen to receive a bike from AdaptAbility.

By entering your full name,

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you are effectively providing your signature,

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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

Child's Name:-----.

First Name Last Name

Parent/Guardian Name:-----.

First Name Last Name

Application Date:-----.

MM DD YYYY

Child's Name:-----.

First Name Last Name

Child's Date of Birth:\_\_\_\_\_.

Child's Gender:\_\_\_\_\_.

Child's age:\_\_\_\_\_.

Child's height and weight:\_\_\_\_\_.

This information is needed for bike customization purposes.

Describe child's special needs or disability and when it started:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Child's school:\_\_\_\_\_.

Number of days per week child goes to physical therapy:\_\_\_\_\_.

Does your child's physical therapy include the use of a bicycle? Please describe:

If no, please write "no"

\_\_\_\_\_  
\_\_\_\_\_.

Does your child receive physical therapy at home? Please describe: \*

If no, please write "no"

\_\_\_\_\_  
\_\_\_\_\_.

Child's Doctor:\_\_\_\_\_.

First Name Last Name

Doctor's email and phone number:

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

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

Do you have authorization(s) and recommendation(s) from your child's doctor for your child to ride an adaptive bicycle? Yes or No. If yes, please email any supporting documentation to: [believe@adaptabilitybike.org](mailto:believe@adaptabilitybike.org)

\_\_\_\_\_.

Physical Therapist:\_\_\_\_\_.

First Name Last Name

Physical Therapist email and phone number:

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

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

How active is your child?

Please give a detailed answer.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

Questions about the parents/guardians:

Parent/Guardian 1:\_\_\_\_\_.

First Name Last Name

Parent/Guardian 1 Contact Number:\_\_\_\_\_.

Parent/Guardian 1 Email Address:\_\_\_\_\_.

Parent/Guardian 1 Home address:\_\_\_\_\_.

Address 1 Address 2 City State/Province Zip/Postal Code Country

Parent/Guardian 1 Employer Name: \_\_\_\_\_  
If no employer enter "none"

Parent/Guardian 1 Employer Contact Number: \_\_\_\_\_

Parent/Guardian 1 Employer Website: \_\_\_\_\_  
If no employer write "none"

Parent/Guardian 1 level of physical activity:  
Please describe your physical activity per week. How often do you ride a bike, run or exercise  
outside or at a gym per week?

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_  
First Name Last Name

Parent/Guardian 2 Contact Number: \_\_\_\_\_

Parent/Guardian 2 Email Address: \_\_\_\_\_

Parent/Guardian 2 Home Address: \_\_\_\_\_  
Address 1 Address 2 City State/Province Zip/Postal Code Country

Parent/Guardian 2 Employer Name: \_\_\_\_\_  
If no employer enter "none"

Parent/Guardian 2 Employer Contact Number: \_\_\_\_\_

Parent/Guardian 2 Employer Website: \_\_\_\_\_  
If no employer write "none"

Parent/Guardian 2 level of physical activity:  
Please describe your physical activity per week. How often do you ride a bike, run or exercise  
outside or at a gym per week?

\_\_\_\_\_  
\_\_\_\_\_

Questions about your family:

What is your combined family income?\_\_\_\_\_.

Please choose the amount closest to your family's combined income

How many children do you have?\_\_\_\_\_.

How active is your family?

Please describe how active your family is on a weekly basis (as a unit) outside the home.

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How far do you live from a park suitable for bike riding? What is the name of the park?

Please describe if you are able to walk to the park or need to use a vehicle

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Do you have a suitable storage for a large bicycle with easy access?

Please describe in detail

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Commitment to the program

This program exists because of many wonderful people who participate in different ways, mostly through donations. If your child is selected to receive an AdaptAbility bike, are you willing to commit to raising a minimum of \$1,000 towards a bike for another child in the program? Is your family able to make this commitment?

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If your family is not able to make this financial commitment to help the program continue, is there another way you can contribute to help this program continue to help children experience the freedom of riding a bike? \*

If your answer above was yes, please type "not applicable"

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How did you hear about AdaptAbility?

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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.