

**ADAPTIVE BIKE / THERAPEUTIC RECREATION EQUIPMENT INTAKE FORM
WISCONSIN**



Child's Name: _____ Child's Date of Birth: _____

Parent/Guardian Name: _____

Email Address: _____ Telephone Number: _____

Mailing Address: _____

Name of CWA: _____ Service Coordinator Name: _____

Service Coordinator Email: _____ Service Coordinator Phone: _____

What Equipment are you seeking? Adaptive Bike Jog Stroller Bike Trailer

Is your child on the CLTS waiver? If so, provide your child's CLTS ID Number: _____

Is your child enrolled or eligible for Children's Community Options Program (CCOP)? Yes No

What County do you live in? _____

How did you learn of Kids Mobility Network? _____

Please answer the following questions if you are seeking an adaptive bike:

What is your child's inseam? (measured from the top of inside of leg to bottom of heel) _____ Inches

Has your child used an adaptive bike before? _____ What bike? _____

Submit completed form to info@kidsmobility.org or fax to 1-866-449-8962

Questions? Contact Kids Mobility Network at 303-242-8281 or visit our website at www.kidsmobility.org