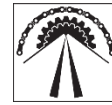


BOUNDLESS CYCLES INITIATIVE INTAKE FORM
ADAPTIVE BIKE / ACCESSIBLE BIKE / ADAPTIVE JOGGER



BOUNDLESS
CYCLES INITIATIVE

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

Parent/Guardian Name: _____ Telephone Number: _____

Email Addresses: _____

Mailing Address: _____

Primary Diagnosis: _____

Case Management Org: _____ Case Manager Name: _____

Case Manager Email: _____ Case Manager Telephone: _____

What Equipment are you seeking? ☐ Adaptive Bike ☐ Recumbent Bike ☐ Tandem ☐ Jogger ☐ Bike Trailer

Is the recipient on a waiver? ☐ CES Waiver ☐ CHCBS Waiver ☐ Other Waiver: _____

Is the recipient enrolled or eligible for Family Support Services Program (FSSP)? ☐ Yes ☐ No

What County do you live in? _____ Any Other Funding? _____

How did you learn of Kids Mobility Network? _____

Please answer the following questions:

Recipient's Height: _____ Recipient's Weight: _____ Recipient's inseam: _____ Inches

Has the recipient used an adaptive or accessible bike before? _____ What bike? _____

Submit completed form to info@kidsmobility.org

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

