

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



Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of CCB: \_\_\_\_\_ Case Manager Name: \_\_\_\_\_

Case Manager Email: \_\_\_\_\_ Case Manager Telephone: \_\_\_\_\_

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

Is your child on a waiver?             CES Waiver             HCBS Waiver             Any Other Waiver

Is your child enrolled or eligible for Family Support Services Program (FSSP)?     Yes             No

What County do you live in? \_\_\_\_\_

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

What is your child's inseam measurement: (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](mailto: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](http://www.kidsmobility.org)