

**BOUNDLESS CYCLES INITIATIVE INTAKE FORM**  
**ADAPTIVE BIKE / ACCESSIBLE BIKE / ADAPTIVE JOGGER - WISCONSIN**



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? ☐ CLTS Waiver ☐ Children's Community Options Program (CCOP)? \_\_\_\_\_

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? \_\_\_\_\_

Is there another family that might enjoy an adaptive bike or other therapeutic recreation equipment?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

Submit completed form to [info@kidsmobility.org](mailto:info@kidsmobility.org)

Questions? Contact Kids Mobility Network at 303-242-8281 or visit [www.kidsmobility.org](http://www.kidsmobility.org)

