

APPLICATION: REQUEST FOR WHEELCHAIR

PLEASE PRINT CLEARLY

Date of application Application submitted by:.....

Organisation/Hospital/School.....

Contact Person & Telephone No (at organisation)

DETAILS OF CLIENT

FIRST NAME SURNAME

AGE ID NUMBER

DISABILITY

(Please be specific eg if amputee is it above or below knee, which leg etc, if CP - is it quadriplegia, diplegia, hemiplegia, athetoid)

Does the person have a Wheelchair? How long has he/she had the Wheelchair

FURTHER RELEVANT DETAILS

Income (monthly)..... Grant or pension from government:.....

Other (Amount).....

Expenses (monthly) (if applicant does not receive a government pension)

How many people does client support..... Electricity/fuel/water (Average amounts)

Phone (Average amounts) Food (Average amounts)

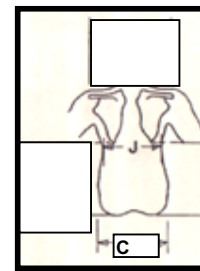
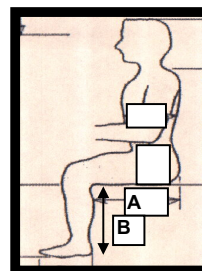
Hospital/Medical (Average amounts) Transport (Average amounts)

MEASUREMENTS - please fill this in accurately

A. Back to knee (seat depth).....

B. Knee to heel (foot rest height)

C. Hip to hip (seat width)



OTHER SPECIFICATIONS:

(All wheelchairs supplied are rugged terrain chairs, unless otherwise requested)

Eg non-rugged chair, portering chair, elevating footrests, sport armrests etc

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FURTHER RELEVANT INFORMATION e.g. does the person need a lap strap or a harness, do they have loss of sensation and therefore needs a cushion, tray needed.

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I give permission for my personal information to be shared with the staff of Operation Jumpstart Association for the purpose of ensuring I get the correct wheelchair (if approved). My information will also be stored on a computer at the office, where the information will be protected.

Signed:..... Date:.....