



## Meyer Medical Equipment Center Application for Motorized Mobility Equipment

Frequently, we receive requests for power wheelchairs or scooters from individuals, advocates, medical personnel and others looking for power equipment for a user who has limited or no financial means from which to contribute toward the cost of this expensive equipment. Because the need is greater than we can fulfill, we have developed a process to assist us in providing power mobility equipment at low to no cost for 2-4 people per month- depending on the type of equipment and the funds available.

To begin this process, please provide the following information and documents:

<b>PERSONAL INFORMATION</b>		<b>***Please print all information***</b>	
Name:		Phone #:	
Street Address:			
City:	State/Zip:	E-mail:	
How long have you lived at this address? _____ years _____ months			
<b>Your current address landlord or housing agency contact information:</b>			
Name:		Phone #:	
Email:			
<b>Contact information for your POA or guardian, if applicable:</b>			
Name:		Phone#:	
Email:			
Please provide this information to assist in determining the motorized equipment to best serve your needs:			
Height: _____ Weight: _____ Date of Birth: _____			
Dominant hand: <input type="checkbox"/> Right <input type="checkbox"/> Left			
Any special physical needs related to your application for motorized equipment?			
<b>Contact information for 2 Character References:</b>			

**\*\*\*Priority will be given to those who can financially contribute something toward the suggested donation\*\*\***

Are you willing to apply to the Northwest Access Fund for a low-interest loan for assistive technology?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a friend or family member who would be able to financially assist you in the donation toward the motorized equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the following information:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone #: \_\_\_\_\_

**DOCUMENTS TO BE INCLUDED WITH THIS APPLICATION:**

1- A personal statement about the equipment you need and how you will benefit from it to include the following (please see the attached form to use for this purpose):

- How will it improve your life considering your special physical needs?
- Where will you take it, how often will you use it and how will you transport it?
- How will you secure, store and maintain the equipment and its batteries?

2- Attach your physician's authorization stating the type of equipment you need and how you will benefit from it and indicating that you are able to operate it safely.

3- Please read and sign the photo/story release form (please see attached) allowing Bridge Disability Ministries to use your picture and story in various fundraising and promotional materials to include social media.

*I attest that the information provided in this application is true and correct to the best of my knowledge. I also give permission for Bridge Disability Ministries to contact any of the persons or agencies whose contact information I have provided in this application.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please note:**

1- If you are selected you will be asked to sign a statement when you receive your equipment, acknowledging it is provided without warranty and without liability and that you are solely responsible for its use and upkeep.

2- We will keep applications on file for 3 months from the date of submission and will extend the time that we keep it on file on a quarter by quarter basis, at your request.

3- The decision to award equipment will be made on a monthly basis. You will be notified if your application is selected. We are not obligated to notify applicants otherwise. Applicants are welcome to inquire 1-2 times per month as to the status of their application but please refrain from repeated inquiries as that will not increase the likelihood of the applicant's potential for receiving the equipment.



## PHOTO/STORY PERMISSION FORM

I give permission for my photo and story to be used by Bridge Disability Ministries, and/or its funders, in any printed publication, video, presentation and/or social media for publicity and/or educational purposes. I understand that I may be identified by first name in this photo and related articles. If a full name is to be used additional consent would be required. I also understand that Bridge Disability Ministries will not give my name, address or telephone number to any outside organization in relation to use of this photo without additional consent. The use of the photo is for an unlimited amount of time. The photo will be the property of Bridge Disability Ministries.

Signature

Print Name

\_\_\_\_\_

Date

### Parental Permission (if applicable):

I understand that the above statement will apply to the photo taken of \_\_\_\_\_ who is my minor child. I agree to the terms listed above.

\_\_\_\_\_

Signature of Parent

\_\_\_\_\_

Print Name

### Legal Guardian Permission (if applicable):

I understand that the above statement will apply to the photo taken of \_\_\_\_\_ for whom I am legal guardian. I agree to the terms listed above.

\_\_\_\_\_

Signature of Legal Guardian

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date