

# ADDENDUM - Variety the Children's Charity

## ADAPTIVE BICYCLE / TRICYCLE / STROLLER APPLICATION checklist

*Please complete in its entirety*

### Child's Information

- 1) Name: \_\_\_\_\_
- 2) Diagnosis: \_\_\_\_\_  Already Given
- 3) Weight of child: \_\_\_\_\_ lbs.
- 4) Height of child: \_\_\_\_\_
- 5) Functional presentation of disability: \_\_\_\_\_  Already Given
- 6) Will child be able to use this equipment for the next 3 years?  Yes, definitely  No  Maybe  
*(A statement by therapist **must be included.**)*
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### Family / Home Information (PICTURES, DRAWINGS AND/OR COMMENTS ON)

- 1) Can the adaptive bicycle / tricycle / stroller fit in the family vehicle?  Yes  No

### List all equipment trialed and outcomes:

- Already given  No equipment was trialed  No OTHER equipment was trialed

### Equipment Specifications (must include)

Basic model features:  See product sheet  Listed on back/attached

Additional items:  Already given  None  See product sheet  Listed on back/attached  
*(list each item separately and give reasons why needed)*

Weight limits: \_\_\_\_\_  See product sheet  Adequate for use  Potential problems exist

Height limits: \_\_\_\_\_  See product sheet  Adequate for use  Potential problems exist