

ADDENDUM - Variety the Children's Charity

PORTABLE RAMP APPLICATION checklist

Please complete in its entirety

Child's Information

- 1) Name: _____
- 2) Diagnosis: _____ Already Given 3) Combined weight of child and chair: _____ lbs.
- 4) Functional presentation of disability: _____ Already Given
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Family / Home Information (PICTURES, DRAWINGS AND/OR COMMENTS ON)

- 1) Height of ramped area: _____ Already Given
- 2) Intended purpose of the ramp: _____ Already Given
- 3) Thresholds to doorway into home: Meets ADA Needs to be addressed Included in bid

Note: portable ramps are to be secured at both ends if anything other than equipment will be on the ramp and the ramping situation should meet ADA specifications. See chart below:

| Elevated Height (inches) | Ramp Distance (feet) |
|--------------------------|----------------------|
| 3 | 3 |
| 6 | 6 |
| 12 | 12 |

Equipment Specifications (must include)

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

Additional items: 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

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