

ADDENDUM - Variety the Children's Charity

STAIR GLIDE APPLICATION checklist

Please complete in its entirety

Child's Information

- 1) Name: _____
- 2) Diagnosis: _____ Already Given 3) Weight of child: _____ lbs.
- 4) Functional presentation of disability: _____ Already Given
- 5) Can the child sit independently? Yes No
If no, what adaptations are going to be made during the transport of the child while they are using the stair glide?
(A statement by therapist must be included.)

- 6) Can the child independently transfer? Yes No Caregiver to transfer
If no, how will the child transfer to/from the chair/stair glide?

Family / Home Information (PICTURES, DRAWINGS AND/OR COMMENTS ON)

- 1) Is the overhead height of where the stair glide will be used adequate for easy head clearance of the child?
 Yes No Modifications are part of the bid Family to modify
- 2) Is the electrical service adequate for operating the stair glide?
 Yes No Modifications are part of the bid Family to modify
- 3) If family is renting is there landlord approval? Yes No
(A letter of authorization from the landlord must be included.)

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
- Maintenance requirements:** None Included in bid Consumer responsibility