



Application for an Adaptive Bike

The Two Angels Foundation focuses on helping children (18 years old and younger) living in Colorado with physical disabilities live the most active and normal lives possible by ***providing them with adaptive bikes.***

Application Instructions

This document is intended to let the Two Angels Foundation learn more about the potential recipient of the adaptive equipment requested. Please answer all of the questions thoroughly to provide us with the most information possible. Applicants must live in Colorado and be 18 years old or younger. Please complete this application in its entirety. In addition to this form, all applications need to include the following:

- **A letter of justification from a physical therapist or occupational therapist stating the need and intended use for the requested adaptive bike.**

Please submit the completed application to the address below:

Two Angels Foundation
PO Box 740849
Arvada, CO 80006-0849

For assistance completing this application, please contact Dawn Mohatt at dawn@twoangelsfoundation.org or 720-940-6078.

Priority is given to applicants who have never before received a gift from Two Angels Foundation.

Applications are accepted at any time throughout the year, however, decisions are made in the months of February, May, August and December. Two Angels Foundation will acknowledge receipt of all applications, typically within ten days. Please note that each year we receive many more applications than we are able fund.

*****Please note that Numotion is our preferred vendor and all approved applicants will need to order any approved bikes through them. Grants for bikes are usually between \$1,000 - \$1,500.***



Application for an Adaptive Bike

Personal Information for Recipient

Date of Application _____

Name _____

Address _____

City, State, Zip _____

County _____

Age _____ Sex _____ Ethnicity _____

Parents/Legal Guardians _____

Street Address _____

City, State, Zip _____

Phone _____

Email _____

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Medical Information

Primary Diagnosis _____

Other Diagnosis _____

Primary Care Physician _____ email _____

Specialist _____ email _____

Physical Therapist _____ email _____

Occupational Therapist _____ email _____

A letter of justification from a physical therapist or occupational therapist stating the need and intended use for the requested adaptive bike is required to process the application.



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Adaptive Recreational Equipment Requested

Two Angels Foundation uses Numotion as our preferred provider and asks all approved applicants to go through Numotion to be evaluated for the requested equipment.

How did you hear of Two Angels Foundation? _____

Type of bike requested _____

Do you have access to a professional that can help with the sizing of the equipment?

Please explain how the applicant would benefit from the adaptive equipment requested.

Has your child trialed the adaptive bike requested? YES NO

Comments

If applicable, briefly explain their success



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Briefly explain how you and your child would use the adaptive bike.

If you bought the bike yourself, would this purchase be a financial burden for your family?

We do ask that all families consider a donation to support the program, which is supported solely by donated funds. Families often ask how much of a donation is reasonable. We suggest a donation of \$100 or ANY amount that you and your family feels is available for you at this time. If this option is available to you, you can support Two Angels Foundation with a donation by check or online at www.twoangelsfoundation.org



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Terms and Conditions Agreement Form

By my signature below, I (recipient parent or legal guardian) acknowledge that I understand and agree to the following:

1. That Two Angels Foundation, Inc. is not obligated to provide any or all of the equipment that have been requested.
2. The Two Angels Foundation, Inc. is neither responsible nor liable for fitting the requested equipment.
3. That some of the pieces of equipment provided may have been used and reconditioned.
4. That the Two Angels Foundation, Inc. has permission to contact the physicians and/or therapists listed in the medical information section of this application to inquire about the applicant's ability to use the requested bike.
5. That when the bike is delivered to the Recipient it becomes the sole responsibility of the Recipient. That includes all maintenance, replacements and repairs.
6. That when the equipment is delivered to the Recipient or at a Two Angels Foundation event any photos taken of the Recipient using the bike may subsequently be used for publicity and promotional purposes including the child's first name.
7. That upon receipt of a bike, I will inspect the equipment and notify the Two Angels Foundation, Inc. of any problems or damages that may have occurred before the bike was delivered to me.
8. That I will release and discharge the Two Angels Foundation, Inc. its agents, officers, employees, affiliates, and all other persons, firms, associations and corporations of and from any and all actions, claims and demands which Recipient may now have, or may later have on account of injuries to Recipient or damages to any property arising out of an accident, casualty or occurrence which may happen through the use of the bike provided by the Two Angels Foundation, Inc.
9. The personal and medical information that I have voluntarily provided to the Two Angels Foundation, Inc. may be used or shared for the sole purpose of acquiring the equipment requested.
10. I have read, understood and agreed with each of the terms as stated above.

Recipient's Parent or Legal Guardian

Signature _____ Date _____

Printed Name _____