



# Wheelchair application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M F  
last first middle month day year (circle one)

Address: \_\_\_\_\_  
number street city state or province country

Phone number \_\_\_\_\_ where we can contact you.

Doctor or Clinic: \_\_\_\_\_ Church or Sponsor: \_\_\_\_\_

## Measurements

It is important to get correct measurements in centimeters (cm) for proper fitting while the patient is in a seated position. (See examples A, B, C, D in illustration of seated boy.)

### A. Measure from the seat to the underarms

\_\_\_\_\_ cm \_\_\_\_\_ in  
(Multiply # cm by .3937 for equivalent measurement in inches)

### B. from the back of the seat to just behind the knee

\_\_\_\_\_ cm \_\_\_\_\_ in

### C. from the bottom of the heel to just behind the knee

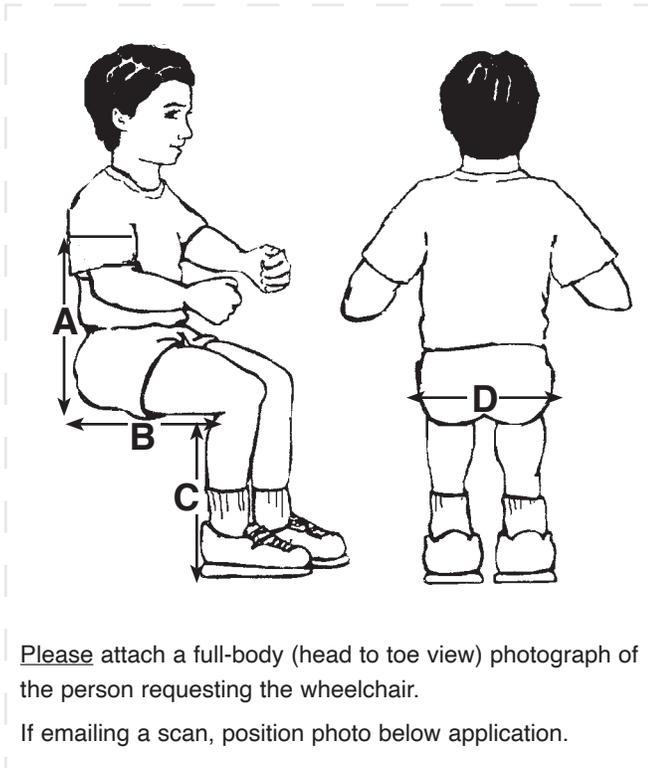
\_\_\_\_\_ cm \_\_\_\_\_ in

### D. the amount of space used on the seat from right hipbone to left hipbone (NOT all the way around the hips!)

\_\_\_\_\_ cm \_\_\_\_\_ in

Check the best seat width:  30.5 cm/ 12 inches  
 35.6 cm/ 14 inches  40.6 cm/ 16 inches  
 45.7 cm/ 18 inches  50.8 cm/ 20 inches

Staple or tape photo here:



Please attach a full-body (head to toe view) photograph of the person requesting the wheelchair.

If emailing a scan, position photo below application.

## Other special needs: (Check all the apply.)

- Patient can move the wheelchair with equal strength in both arms
- Patient is moved by a care-giver
- Patient can move his/her body from the wheelchair to another chair or bed (self-transfer)
- Patient requires a care-giver to transfer
- Patient can walk short distances:
  - with some help from a friend
  - with a cane or crutches or a walker
- Patient cannot walk short distances
- Patient has lost all or part of a leg (amputee) Where? (Check all that apply.)
  1.  half calf  right  left
  2.  at the knee  right  left
  3.  half thigh  right  left
  4.  full leg  right  left

Patient also needs his/her wheelchair to:

- recline to breathe
- have a belt to keep spastic limbs in place:
  - seat-belt  leg-belt

## Terrain (check all the apply)

- Chair will be used indoors
- Chair will be used on smooth roads
- Chair will be used on rough roads
- Patient can self-propel over rough roads
- Patient uses bus or taxi

Return by mail to:  
 Wheels of Hope  
 9800 Morges Rd. SE  
 Waynesburg, Ohio 44688 U.S.A.

Email scanned copy or questions to our Operations Manager:  
 patrick@wheelsofhope.org