



### UCPIE Adaptive Bike Program Application

United Cerebral Palsy of the Inland Empire's adaptive bike program purchases/provides adaptive bikes for individuals with mobility disabilities such as cerebral palsy residing in the Inland Empire. Bikes are provided by UCPIE and presented to qualifying applicants. Please note if your application is approved you will be placed on a waiting list for an adaptive bike. Bikes are awarded based on funds that UCPIE raises throughout the year. When UCPIE has enough funding to purchase a bike a number is drawn blindly from the bike waiting list; the number that is associated with that child/individual (participant) will receive an adaptive bike. UCPIE will contact parent to arrange for measurements to be taken to custom build the adaptive bike. Submit your application to: United Cerebral Palsy of the Inland Empire, 42-600 Cook St. Suite 201, Palm Desert, CA 92211. You can also submit by e-mail in PDF/Word documents to [asp@ucpie.org](mailto:asp@ucpie.org).

Today's Date: \_\_\_\_\_ Participant's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Participant's Primary Diagnosis: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Participant's Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Name(s) of parent(s)/legal guardian(s): \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Parent/Guardian's e-mail address: \_\_\_\_\_

Parent/Guardian's phone number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Home address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of person filling out the application (if different person): \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Referred to adaptive bike program by: \_\_\_\_\_

Parent/guardian's occupation & place of employment: \_\_\_\_\_

Parent/guardian's occupation & place of employment: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Are you or have you received assistance/services from UCPIE? If so what form and when? \_\_\_\_\_

How did you hear about the adaptive bike program: \_\_\_\_\_

Please provide a brief description of the participant's disability and ambulatory status. Do they have full/partial/little mobility of their arms and legs? Do they walk independently or with assistance?

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Please provide a brief description of your family's ability to transport, store, and maintain the bike.

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Will you be able to travel and participate in UCPIE's annual adaptive bike fundraiser for Team Freedom in the Tour de Palm Springs to help other individuals receive a bike of their own?

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How will this bike be used and how will it strengthen your family unit?

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Signature is required of all legal guardians: I (We) stipulate that the information included in this application is true to the best of my (our) knowledge. By submission of this application, I agree to hold United Cerebral Palsy of the Inland Empire, its trustees, officers, employees, volunteers and agents harmless from any and all claims, actions and/or cause of action arising directly or indirectly as a result of the decision made by UCPIE. Further my signature gives you permission to use my bio and related photos of me and my dependents in support of UCPIE's adaptive bike program. I understand that this application does not guarantee the participant listed an adaptive bike. If granted an adaptive bike I will sign UCPIE's Waiver and Release from Liability form.

**Signature of Parent/Legal Guardian**

**Date**

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**Signature of Parent/Legal Guardian**

**Date**

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**The following information MUST be included with this application:**

+Proof of address (e.g. utility bill, etc.)

+Letter of recommendation from a doctor, social worker, teacher, Inland Regional Center CSC, or physical therapist.

+Proof of participant's diagnosis (letter from Doctor, Inland Regional Center IPP, etc.)

+The participant's bio (see example, this bio will be used to fundraise for your child/young adult)

**United Cerebral Palsy authorizing signatures:**

Approved by:

Date

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