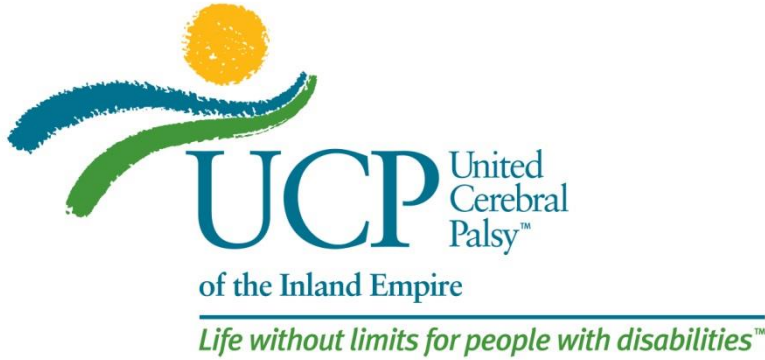


United Cerebral Palsy of the Inland Empire



Adaptive Bike 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 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, 70-017 Highway 111, Suite 5, Rancho Mirage, CA 92270. You can also submit by e-mail in PDF documents to sofia@ucpie.org.

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Date: _____ Child's name: _____ Child's age and birth date: _____

Child's diagnosis: _____

Name of parent(s)/legal guardian(s) & relationship: _____

Parent/Guardian's e-mail address: _____

Parent/Guardian's phone numbers: Home _____ Work _____ Cell _____

Home address: _____

Name of person completing application: _____

Relation to child: _____

E-mail Address: _____

Phone number: Home _____ Work _____ Cell _____

Referred to adaptive bike program by: _____

Parent/guardian's occupation & place of employment: _____

Parent/guardian's occupation & place of employment: _____

Have you or are you currently receiving assistance from a program or service managed by UCPIE? If so when and in what form?

Please provide a brief description of your child's disability. Your ability to transport, store and maintain your bike; how you will use the bike as a family. Additionally, explain your plans and willingness to participate in UCPIE's annual adaptive bike fundraiser Team Freedom for the Tour de Palm Springs to help other individuals receive a bike of their own.

How will the above purchase /wish strengthen your family unit?

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. I agree that 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. If granted an adaptive bike I will sign UCPIE's Assumption of Obligation and Liability of Gift.

Signature of Parent/Legal Guardian	Date
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Signature of Parent/Legal Guardian	Date
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- Include with this application:**
- +Proof of address
 - +Letter of recommendation from a social worker, teacher, Inland Regional Center CSC, physical therapist or support group leader (Helen Marquez)
 - +Proof of child/individual diagnosis (letter from Doctor, Inland Regional Center IPP, etc.)
 - +Your child bio (see example, this bio will be used to fundraise for your child)

United Cerebral Palsy authorizing signatures:

Approved by: _____
Sofia Campos, Director of Operations, United Cerebral Palsy of the Inland Empire