

# Cycle Placement Program

...some of the details

*Because SBAAZ knows how important exercise and independence is, we work hard all year long to raise support to place handcycles and sturdy trikes with children and adults who have Spina Bifida in Arizona.*

## Here are some factoids to help you understand this program:

**It is required for families to attend the placement event** with the child who will receive the cycle. This is a good thing because it's a lot of fun, but it needs to be mentioned as it isn't optional 😊

**Measurements will need to be taken** by a parent or friend once an application is accepted to select the correct size cycle and confirm availability.

**It is USUALLY necessary for the child to be "fitted"** on the cycle before the event to verify the cycle is the correct size and ability level for the child. (Fittings are done in Tempe by appointment once a placement has been selected) This is usually weeks before the event.

**Some cycles are brand new**, some are amazingly restored with most parts being new with awesome paint jobs.

**Cycles are "placed" not "given"** to families due to donor restrictions.

The cost of a cycles average about \$1,800 and the purpose of placement is to keep the ownership with SBAAZ to recycle to another family when outgrown or unused... and to maintain annually.

**Proof of homeowners or renter's insurance** is needed prior to selection. This is on the application.

The cycle can be a "listed item" and not be subject to a deductible.

**There is a \$35 ANNUAL fee for placement.** This is just to officially place it in the books as loaned equipment and to reconcile our placed inventory each year.

INDOOR storage is required. Sadly, we have retrieved many cycles that were promised to be "kept inside" when a garage was not available. They cost over \$900 to restore- seats alone can be \$500+ and they are usually one of the first parts to deteriorate.

The event has always been 9:00am – 12:00pm (light lunch served at 12, families that need to can leave at that time- everyone is out by 1:00pm) \*\*RSVPs are required

**Saturday, October 23, 2021 is the next event, location to be determined...likely far east valley.**

SPINA BIFIDA ASSOCIATION OF ARIZONA LIFE CYCLE APPLICATION

**Applicant must have Spina Bifida to participate**

**1. GENERAL INFORMATION**

Application Date: \_\_\_\_\_

Applicant's Name (Please Print): \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ Applicant's Age: \_\_\_\_\_ Applicant height \_\_\_\_\_

Parent/Guardian Name (If Applicant is under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**2. USER INFORMATION**

Has applicant ever ridden a cycle? Yes \_\_\_ No \_\_\_

Does applicant currently have/use a cycle? Yes \_\_\_ No \_\_\_

Does applicant have a previously awarded cycle to exchange? Yes \_\_\_ No \_\_\_

Has applicant received a cycle from SBAAZ previously? Yes \_\_\_ No \_\_\_

**3. APPLICANT INFORMATION**

Does applicant most often use a wheelchair? Yes \_\_\_ No \_\_\_

Does applicant walk with leg braces or crutches? Yes \_\_\_ No \_\_\_

Does applicant sit unassisted? Yes \_\_\_ No \_\_\_

Does applicant have full use of arms? Yes \_\_\_ No \_\_\_

Will family participate in upcoming fund raising event? Yes \_\_\_ No \_\_\_

**4. PLACEMENT CRITERIA**

Is there indoor storage available for the cycle? Yes \_\_\_ No \_\_\_

Will recipient be able to attend event to pick up cycle? Yes \_\_\_ No \_\_\_

Have you read and will you comply with placement agreement? Yes \_\_\_ No \_\_\_

Do you currently have renters/homeowner's insurance? Yes \_\_\_ No \_\_\_

\*If you are selected to receive a cycle SBAAZ will require proof that the cycle is listed property.

Is family able to commit to annual use fee (\$35)? Yes \_\_\_ No \_\_\_

**Please list SBAAZ events & programs your family has participated in, include the year:**

\_\_\_\_\_

**How would applicant make use of this equipment if accepted into the program?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return application to:**

Spina Bifida Association of Arizona - 4802 E Ray Rd #23-687 - Phoenix, AZ 85044

OR email to: [office@sbaaz.org](mailto:office@sbaaz.org) Questions? 602.274.3323

\_\_\_\_\_  
Signature of applicant, parent or legal guardian

After Applicant is accepted into the program, he/she will need to make an appointment with Leeden Wheelchair & Lift to be measured and fitted for bike. Leeden will assist with determining the best style of cycle for placement based on needed adaptations Applicant must attend event to receive cycle. DATE: \_\_\_\_\_ FREE annual maintenance will be performed at fall event.



## Property Placement Agreement

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ Phone: (cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: (if applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

Employer (of parent if applicable): \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Items	Quantity	Expected Return Date	Date Returned

Amount Due: \$35 annually      Paid: Y / N      Payment Method: Check \_\_\_\_\_/Cash/Credit

I agree to pay \$35 annual use fee for the cycle I receive.

I agree to provide proof of insurance with the cycle as listed property on renters or homeowner's policy.

I understand that the equipment, material, etc. listed above is Spina Bifida Association of Arizona property and must be returned upon request. I fully understand that I am solely responsible for the care and maintenance of the above stated items. I will not hold SBAAZ responsible for any injury while using the above stated equipment inside and outside of events. I agree to reimburse SBAAZ for any of the above items that are damaged or not returned. I also understand that SBAAZ is not responsible for any bodily harm or injury while in possession of SBAAZ equipment or as a result of use.

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Borrower's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Executive Director/Program Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOLICITUD DE BICICLETA O TRICICLO DEL PROGRAMA *LIFE CYCLE*  
DE LA ASOCIACIÓN DE ESPINA BÍFIDA DE ARIZONA**

**El solicitante debe tener espina bífida para participar**

**1. INFORMACIÓN GENERAL** Fecha de la solicitud: \_\_\_\_\_  
Nombre del solicitante (en letra de molde): \_\_\_\_\_  
FECHA DE NACIMIENTO: \_\_\_\_\_ Edad del solicitante: \_\_\_\_\_ Altura del solicitante: \_\_\_\_\_  
Nombre de los padres o tutor legal (si el solicitante es menor de 18): \_\_\_\_\_  
Dirección: \_\_\_\_\_  
Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_  
Teléfono: \_\_\_\_\_ teléfono celular o del trabajo: \_\_\_\_\_  
Correo-e: \_\_\_\_\_

**2. INFORMACIÓN DEL USUARIO**

El solicitante, ¿ha andado en bicicleta antes?	Sí _____	No _____
¿Tiene el solicitante una bicicleta actualmente?	Sí _____	No _____
¿Tiene el solicitante una bicicleta que le hemos dado y pueda intercambiar?	Sí _____	No _____
El solicitante, ¿ha recibido anteriormente una bicicleta de parte de SBAAZ?	Sí _____	No _____

**3. INFORMACIÓN DEL SOLICITANTE**

¿Usa el solicitante casi siempre una silla de ruedas?	Sí _____	No _____
¿Camina el solicitante con férulas ortopédicas o muletas?	Sí _____	No _____
El solicitante, ¿puede sentarse sin ayuda?	Sí _____	No _____
¿Tiene el solicitante uso completo de sus brazos?	Sí _____	No _____
¿Participará la familia en algún evento a futuro para recaudar fondos?	Sí _____	No _____

**4. CRITERIO DE ALMACENAJE**

¿Cuenta con algún lugar techado para guardar el triciclo o la bicicleta?	Sí _____	No _____
¿Podrá el solicitante ir al evento en el que se le entregue el triciclo o la bicicleta?	Sí _____	No _____
¿Ha leído y cumplirá con el acuerdo del almacenaje?	Sí _____	No _____
¿Tiene actualmente seguro de propiedad o de arrendatario?	Sí _____	No _____

\*Si lo seleccionamos para que reciba un triciclo o bicicleta, la SBAAZ requiere un comprobante de que el triciclo o la bicicleta sea enlistada como parte de su propiedad en la póliza de seguro.

¿Puede la familia comprometerse a pagar la cuota de uso anual (\$35)?	Sí _____	No _____
---	----------	----------

**Favor de enlistar los programas y eventos de la SBAAZ en los que la familia ya participó, e incluya en qué año fue:**

\_\_\_\_\_

**¿Cómo usará el triciclo o bicicleta si aceptan su solicitud en el programa?**

\_\_\_\_\_

\_\_\_\_\_

**Envíe la solicitud a:**

Spina Bífida Association of Arizona - 4802 E Ray Rd #23-687, Phoenix, AZ 85044

O envíela por correo-e a: [office@sbaaz.org](mailto:office@sbaaz.org) ¿Tiene preguntas? Llame al 602.274.3323

\_\_\_\_\_  
Firma del solicitante, padre de familia o tutor legal

Una vez que el programa acepte al solicitante, necesitará hacer una cita con *Leeden Wheelchair & Lift* para que le tomen medidas y darle un triciclo o bicicleta a la medida. *Leeden* le ayudará a determinar cuál es el mejor estilo de triciclo o bicicleta para entregarle en base a sus necesidades adaptativas. El solicitante debe estar presente en el evento para recibir el triciclo o la bicicleta. FECHA: \_\_\_\_\_ se llevará a cabo el mantenimiento anual GRATIS durante el evento de otoño.



## Acuerdo de almacenaje en la propiedad

Primer nombre: \_\_\_\_\_ Apellido: \_\_\_\_\_

Teléfono: (casa) \_\_\_\_\_ Teléfono: (celular) \_\_\_\_\_

Correo-e: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ Código postal: \_\_\_\_\_

Padre de familia o tutor legal (si corresponde) \_\_\_\_\_ Teléfono: \_\_\_\_\_

Empleador (del padre si corresponde): \_\_\_\_\_

Nombre del supervisor: \_\_\_\_\_ Correo-e: \_\_\_\_\_

Artículos	Cantidad	Fecha en que se espera el regreso	Fecha del regreso

Cantidad a pagar: \$35 anual      Pagado: Sí / No      Método de pago: Cheque \_\_\_\_\_/Crédito/Dinero en efectivo

Estoy de acuerdo en pagar \$35 anuales como cuota de uso del triciclo o bicicleta que recibo.

Estoy de acuerdo en proporcionar prueba de seguro de propiedad e inmuebles que enliste al triciclo o bicicleta como mi propiedad en la póliza de seguro de propiedad o de arrendatario.

Entiendo que el equipo, material, etc. mencionado arriba es propiedad de la Asociación *Spina Bifida Association of Arizona* y deberé entregarlo cuando se me pida. Entiendo completamente que soy el único responsable del cuidado y mantenimiento de los artículos antes mencionados. No responsabilizaré a *SBAAZ* por lesiones o daños que pueda sufrir mientras use el artículo antes mencionado, ya sea durante o fuera de uno de sus eventos. Estoy de acuerdo en reembolsar a *SBAAZ* el daño o falta de entrega de cualquiera de los artículos antes mencionados. Entiendo que *SBAAZ* no se responsabiliza de ningún daño físico o lesión sufrida como resultado del uso o almacenamiento del artículo antes mencionado, durante el tiempo que permanezca en mi posesión.

Comentarios adicionales: \_\_\_\_\_

\_\_\_\_\_  
Firma del prestatario: \_\_\_\_\_ Fecha: \_\_\_\_\_

\_\_\_\_\_  
Firma del Director Ejecutivo o del supervisor del programa: \_\_\_\_\_ Fecha: \_\_\_\_\_