

BAHAMAS ASSOCIATION FOR THE PHYSICALLY DISABLE

Dolphin Drive P.O. Box N-4252

Nassau, New Providence, The Bahamas

Tel: 242-322-2393 Fax: 242-328-1020

INFORMATION REGARDING a WHEELCHAIR REQUEST

The Bahamas Association for the Physically Disabled is a non-government organization responsible for the distribution of wheelchairs provided by several individuals and the Rotary Club of East Nassau. **No government funds used to provide these wheelchairs.**

The wheelchairs are free of cost to applicants that show a true need physically and financially. The applicant is required to prove his/her identity (any of the following: passport, driver's license, voter's card, national insurance card) and show a referral source (i.e. physician's letter and/or letter of referral from a religious organization).

The above-mentioned information will be documented on the application form. The administrator at BAPD will ensure that the official paperwork is complete prior to accepting the application for review. *If the application is not complete, it will not be considered.* The wheelchair will be checked for size by a physical therapist or a designee, and instructions in its use and care will be provided.

It is the intention of the Bahamas Association for the Physically Disabled to provide persons who are deserving to be given access to these chairs, and thus enjoy an enriched quality of life.

I have read or have had the above read to me, I understand the above information, and I confirm that the information given in the WHEELCHAIR REQUEST APPLICATION is true and correct to the best of my knowledge.

To receive a chair, the recipient must be present and have their picture taken in the wheelchair.

Signature of applicant

Date (DD/MM/YYYY)

Application will not be reviewed without the following information:

- Detailed address that exactly located residence
- Applicant height and weight
- Applicants physical challenge
- Copy of proof of residency
- Referral source letter

BAPD BOARD OF DIRECTORS

wheelchair request information form 2017_04_122017_04_10

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WHEELCHAIR REQUEST APPLICATION

PLEASE PRINT ALL ANSWERS

NAME:	Last: _____ First: _____
DATE OF BIRTH:	DAY _____ MONTH _____ YEAR _____
GENDER:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
ADDRESS:	P. O. BOX NUMBER _____ STREET ADDRESS _____ HOUSE# _____ UNIT# _____ CROSS ROADS _____ AREAS: _____ ISLAND: _____
PHONE CONTACT:	HOME: _____ CELL: _____ WORK: _____ OTHER: _____ RELATIONSHIP: MOTHER FATHER UNCLE AUNT BROTHER SISTER FRIEND (PLEASE CIRCLE)
EMAIL ADDRESS:	_____
PROOF OF IDENTITY:	PASSPORT #: _____ NIB #: _____ VOTER'S CARD # _____ DRIVERS LICENSE #: _____
AUTOMOBILES OWNED:	YEAR _____ MAKE _____ MODEL _____ YEAR _____ MAKE _____ MODEL _____
USERS SIZE:	HEIGHT: _____ FEET _____ INCHES WEIGHT: _____ POUNDS
CURRENTLY HAVE CHAIR:	YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN RECEIVED _____ FROM WHO _____

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Wheelchair request information form 2020_06_03