

GiveABQ



PROOF OF DISABILITY FORM

Date: _____

Re: Back In Use Medical Equipment Request(check one)

Power Scooter Power Wheelchair

NAME RECIPIENT _____

RECIPIENT DATE OF BIRTH _____

RECIPIENT ADDRESS _____

RECIPIENT DISABILITY _____

Recipient must provide Proof of Disability(POD) with a prescription from your physician. The prescription should include the following:

1. Which power scooter or wheelchair would best suite your needs?
2. How will power scooter or wheelchair be used?
3. How will power scooter or wheelchair improve your quality of life?

This form must be filled out completely and submitted with your physician's prescription.

Please Note: YOUR EQUIPMENT REQUEST WILL NOT BE PROCESSED WITHOUT BOTH THE PROOF OF DISABILITY FORM AND YOUR PHYSICIAN'S PRESCRIPTION.

Two batteries are needed to operate a power scooter or power wheelchair.

We are happy to assist you in getting the batteries for your power chair. Prices vary according to the type of chair. We request a donation to help cover the costs of the batteries.

Delivery in the Albuquerque area is available for \$25.

Return Proof of Disability Form and Physician's Prescription either by

Mail to: Back In Use, 1520 First Street NW, Albuquerque, NM 87104

OR

Email to: backinuse.org