



CHILDREN WITH SPECIAL HEALTH CARE NEEDS SERVICES PROGRAM

**Family Support Services Request
Vehicle Modification Request Checklist Form**

INSTRUCTIONS:

Please complete all required fields. If extra space is needed to complete this form, attach a separate sheet of paper. Submit bid with this checklist form or include the following information directly in the bid.

Company Name:

Date of Bid or Bid Number:

Client Name:

Client ID Number:

VEHICLE INFORMATION

Make:

Model:

Year:

Mileage:

Equipment Manufacturer:

Equipment Model:

Include a statement indicating how the modification or equipment is anticipated to meet the client's needs for the next four or five years.

Include a statement indicating how the modification or equipment meets National Highway Traffic Safety Administration requirements.

WHEELCHAIR LIFTS REQUEST

Lift Specifications:

Wheelchair Specifications (to be used with a lift):

Include a statement indicating how the lift will accommodate the wheelchair.

Wheelchair Tie-Dwns and Occupant Restraints Statement. (Unless there is an accompanying written statement from a physician or therapist indicating that the occupant restraints are not necessary.)

Comments: