

MID WHEEL DRIVE – ADDENDUM TO POWER WHEELCHAIR APPLICATION

*****COMPLETE THIS SECTION INSTEAD OF SECTION I ON POWER WHEELCHAIR, POWER WHEELCHAIR EXCHANGE OR POWER DYNAMIC POSITIONING DEVICE EXCHANGE APPLICATIONS AND INCLUDE LETTER OF JUSTIFICATION (SEE FOLLOWING PAGE FOR CRITERIA)**

1. Applicant Information:

Applicant's weight _____ lbs/kgs (circle one) Applicant's height _____ inches/cm (circle one)

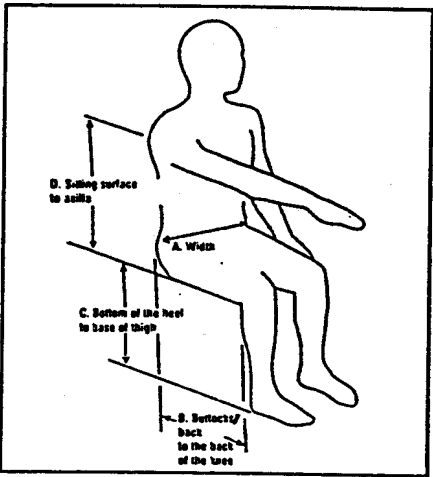
2. Wheelchair dimensions: Please consider client size, seating inserts, and functional usage of wheelchair when determining the wheelchair prescription. For example, the transfer method, wheelchair cushion, and applicant's height may all affect the recommended floor-to-seat height of the prescribed wheelchair.

Seat Width = Measure "A" _____ + (1" to 2") =

Back Height = Measure "D" _____
 - (2 to 3 if has good sitting balance) + (compressed height of cushion) =

Seat Depth = Measure "B" _____ - (2") =

Seat Height = Measure "C" _____
 + (2" to 3" for foot pedal clearance)
 - (compressed height of cushion) =



If available: **Seat angle** _____
Seat/back angle _____

3. Wheelchair options:

- Armrests Full length Desk length
 Centre Mount Foot Plate as standard on the F11
 Swing Away Foot rests (must be ordered on tilt systems)
 Control: Joystick: Right Left
 Other: Please specify: _____

4. Will it be necessary to fit or mount to the chair other devices related to any of the following? (Check all that apply).

- Communication Positioning power tilt/recline Environmental
 Respiratory Seating None required

If yes, describe equipment needed (include information regarding intended supplier):

5. If this form is being submitted as part of the power dynamic positioning device exchange application, which of the following are being requested:

- Power tilt Power recline Power tilt and recline Power elevating leg rests

6. Is it likely that specialty controls will be needed? Yes No

If yes, please describe _____

7. Is delivery to home address? Yes No deliver to: _____
 (Note: Wheelchair Services will deliver to ONE address only.)

8. Battery information: The WRHA Manitoba Wheelchair Program provides sealed (gel cell) batteries for power wheelchair users. These batteries require regular charging to ensure functional use and this is the responsibility of the consumer.

Who will perform battery maintenance? _____

Consumers eligible for a mid-wheel drive wheelchair are those who:

- Have been approved through the Manitoba Motorized Wheelchair Committee for provision of a power wheelchair through the Program.
- Must be a full-time power wheelchair user (primary means of mobility)
- Require a mid-wheel drive chair as documented by an occupational therapist for a physio therapist. This information should outline specific details of the consumer's environment, describe any barriers to using a rear wheel drive chair, any attempt at modifications/accommodations that have been made and any improved functional performance that will result from use of a mid-wheel drive chair.
- Require a mid-wheel drive chair in order to access important functional spaces in their homes (i.e. kitchen, workspaces, living room, bedroom, bathroom, 90 degree turns required), school or workplace (i.e. positioning at desk, access to bathrooms, maneuvering around obstacles such as in a store).
- Require a mid-wheel drive chair in order to perform functions in their home, school or work environment
- Are unable to make modifications to the home, school and/or work place environments in order to accommodate a rear wheel drive wheelchair.
- Please note that the program will not be able to make any automatic/unjustified upgrades from a rear-wheel drive wheelchair to a mid-wheel drive chair.
- If upon receiving a mid-wheel drive wheelchair, the client is not satisfied, exchanges for rear wheel drive wheelchairs will NOT be met. It is assumed that a thorough assessment will have been conducted prior to the request being made.

*** * * * An assessment with a mid-wheel drive chair (both indoors and outdoors) is strongly recommended prior to application**