

**Arkansas Spinal Cord Foundation
Application for Donated Van**

Name: _____ Date of Birth: _____
Street Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____ Cell Phone: _____
Mailing Address (if different from Street Address): _____
Date of Disability/Injury: _____ Level of Disability/Injury: _____

Primary use of vehicle: _____

Current mode of transportation: _____

Will you be Driver _____ or Passenger _____

Make and model of your wheelchair (to determine if your wheelchair is appropriate for use with vehicle):

Make: _____ Model: _____

Your approximate weight (due to weight limit of lift): _____

Measurement from the floor to the highest point on your wheelchair or the top of your head (for raised roof and raised door kit): _____

Do you have a specialized seating option (tilt or elevate): Yes _____ No _____

Do you require a transfer seat or EZ Lock Box? Yes _____ No _____ If yes, please explain: _____

Do you have the financial means to keep the van licensed, insured and routine maintenance? Yes _____ No _____

Have you passed a driver's evaluation? Yes _____ No _____

If you are not the driver, please explain: _____

Do you or the intended driver have a current driver's license? Yes _____ No _____

Please provide in detail why you need this van: _____

Authorization to Release Information

I hereby authorize the Arkansas Spinal Cord Commission to provide the Arkansas Spinal Cord Foundation with additional information from my file, as needed, to complete this application. I understand the information will be handled confidentially in compliance with all state and federal laws.

Signature

Date

Printed Name

Authorization to Release Photo/Video Information

I hereby authorize the Arkansas Spinal Cord Foundation and/or its representatives the right to take photographs/videos of me and my property in connection with the above-identified subject. I agree that the Arkansas Spinal Cord Foundation may use such photographs/videos of me with or without my name and for any lawful purpose including for example such purposes as publicity, illustration, and Web content.

Signature

Date

Printed Name