



Wheels For Warriors User Agreement



This Agreement is entered into between AdoptaAtRiskVeteran aka Wheels For Warriors (PROVIDER) and recipient (USER) for the purpose of providing mobility items such as electric scooters and wheelchairs.

USER Information

Name _____

Address _____ Email _____

City _____ State ____ Zip _____ Phone _____

Mobility Device Information

Electric Scooter*
 Wheelchair
 Other _____

Serial # _____

The above device is provided at **NO COST** to the USER with the understanding that Wheels For Warriors is providing it on a loan basis.

This Agreement shall remain in force until such time as replacement device is procured from an insurance company, the Veterans Administration or another source. At such a time when the user no longer needs the device, it must be returned to Wheels For Warriors so it can be given to NEW User.

The User shall be liable for the condition of the device and ensure that it is good condition . Should a problem occur that renders it unable to function safely or properly, the USER must notify PROVIDER. The PROVIDER will attempt to help, or ask LOTCS aka Loyal Order of the Cooties to help. In some cases, PROVIDER may replace the device. If the device is made inoperable, lost or damaged and the USER does not notify PROVIDER, this may result in no future aid by PROVIDER or any associated third Party.

This device will be provided with the express understanding that the PROVIDER assumes no responsibility whatsoever for the condition, usability, performance or maintenance of the device. USER acknowledges that the device is in good working condition and hereby accepts in "as-is" and that repairs and maintenance could be at USERS expense.

*In the case of NEW Electric Scooters there is a Manufacturers Warrantee that may cover issues. Wheels For Warriors will always take any measures to assist the USER with any problems. We will "Make a Difference Today in Your Life".

Agreement

PROVIDER Signature _____ Date _____	USER Signature _____ Date _____
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Mobility Device Application



Personal Information

Name _____ Date _____
Address _____ Email _____
City _____ State _____ Zip _____ Phone _____
 Single Family home Apt. Extended Care

Military Information

Branch _____ Years Served from _____ to _____ Discharge Status _____
Combat Service? **Y N** If yes, from _____ to _____ Time of Deployment _____
Circle Combat Theater: WWII Korean Vietnam Desert Storm Desert Shield Other
Explain Other _____

Mobility Information

Do you currently own or have you ever owned or been given any mobility device: **Y N**
If Yes Explain _____
If NO Why _____
Have You Asked the VA for Mobility Help? **Y N** If Yes, date _____
Are You Currently being Treated by the VA? **Y N** If Yes, for what? _____

_____ Last Disability Rating _____

Results and Recommendation

Recommended? **Y N** Explain

Interviewed by