

Bikes for the Rest of Us

Saturday, April 24, 2010

Mary Free Bed Professional Building
Parking Ramp 350 Lafayette SE, Grand Rapids, MI 49503



Information/Deadlines

- **You must pre-register** for an evaluation by completing a Registration Form by April 12, 2010.
- **Pre-registration Deadline: Monday, April 12, 2010. Registration Forms will not be accepted after April 12, 2010.**
- Evaluations for bikes are available between 9:00 am – 12:00 noon by pre-registration only.
- The event and evaluation are FREE. Refreshments will also be available.
- For more information contact Maria Besta at 616.242.0352 or maria.besta@maryfreebed.com
- Mary Free Bed Funding applications will be available following event participation (at check out area); however, participants are encouraged to pursue personal funding and fund-raising for this equipment.

Who Should Attend?

This event is geared for special needs people (kids and adults) to see and try special bikes. **Please remember to bring your old bike to recycle!**

Where can I get a Registration Form?

A Registration Form is attached, or you can visit our website at www.MaryFreeBed.com. **All Registration Forms must be submitted by April 12, 2010.** You can submit Registration Forms by mail or fax. Please see the Registration Form for more details.

Sponsors

Airway Oxygen • Ambucs • Chicago Drive Cyclery & Fitness • Creative Mobility • Mary Free Bed Guild • WizWheelz

RETURN SERVICE REQUESTED
Grand Rapids, MI 49503-5247
235 Wealthy SE
Mary Free Bed Rehabilitation Hospital
Maria Besta, Community Recreation

Restoring Hope and Freedom
Mary Free Bed
Rehabilitation Hospital

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Mary Free Bed
Rehabilitation Hospital www.maryfreebed.com

Bikes for the Rest of Us

Cost Information

- The cost of an adapted bike ranges between \$300 - \$4,000. Please be prepared to fund a significant portion of the cost.
- Only the most cost effective bike option will be considered for funding assistance.
- Families may choose to purchase directly from the vendor if they do not need assistance.
- Recycled bikes will also be available. These items are labeled with a suggested donation amount.

Mary Free Bed Funding Eligibility Requirements

- Priority will be given to children under the age of 21.
- Applicant must have a physical disability.
- Applicant must reside in the western portion of Michigan's lower peninsula.
- Applicant must be current or previous Mary Free Bed patient (in-patient, outpatient-therapy, clinic, Orthotics or OrthoSEAT-community peds).
- Applicants must demonstrate financial need.

Other Funding Options

- Other funding sources are limited to local service organizations such as Ambucs or Rotary. Participants are encouraged to pursue personal funding and fundraising for this equipment.

Financial Assistance

Financial assistance will be by application only. Applications will be available at the conclusion of the evaluation, when equipment costs have been determined.

- **Funding applications need to be postmarked by May 8, 2010.**
- **Please mail to: Attn: Maria Besta**

**Mary Free Bed Rehabilitation Hospital
235 Wealthy SE, Grand Rapids, MI 49503-5247
Fax: 616.493.9577**

- Mary Free Bed funding will be allocated based on the needs identified after the applications are returned.

**For more information please contact Maria Besta:
616.242.0352 • maria.best@maryfreebed.com**

Bikes for the Rest of Us

Event Registration Form

Deadline to submit Registration Form is April 12, 2010.

Participant Information

Participant Name: _____ Sex: Male Female
Date of Birth: _____ Age: _____ Height: _____ Weight: _____
Address: _____ City: _____ State: _____ Zip: _____
County: _____
Phone – Home: (_____) _____ Cell: (_____) _____ Work: (_____) _____
Physician's Name: _____
Medical Diagnosis: _____ Disability affects: upper or lower extremity
Name of School (if child): _____
School contact person: _____ Phone: (_____) _____
Has child tried a bike at school? Y N Type? _____
Is participant currently receiving services from Mary Free Bed? (clinics, therapy, orthotics)? Y N
Received services at Mary Free Bed in the past? Y N Most recent visit? Date: _____
Have you had success riding a bike before? Y N
If so, what type of bike did you ride? _____
Is this your first custom or "special" bike / tryke? Y N Type? _____
How long have you had the previous bike / tryke? _____ Will re-cycle? Y N

Event Schedule Information

Please choose the time of morning that works best for you. We will do our best to accommodate your requests. Appointment times will be assigned on a first come basis.

Please indicate 1 for first choice, 2 for second choice, and 3 for third choice.

_____ 9:00 am – 10:00am _____ 10:00 am – 11:00 am _____ 11:00 am – 12:00 pm

Responsible Party Information – Required if participant is under 18 years old

Participant Name: _____ Sex: Male Female Date of Birth: _____ Age: _____
Address (if different than participant): _____ City: _____
State: _____ Zip: _____ County: _____
Phone – Home: (_____) _____ Cell: (_____) _____ Work: (_____) _____

*** Bring your 2009 income tax form to the event.**

Insurance Information

Please check which insurance applies to this patient.

BCBS HMO Medicare Medicaid CSHCS Auto Workers Comp. Commercial

Submit your Registration Form - Deadline April 12, 2010

1) MAIL – Complete this registration form and mail to:
Mary Free Bed Rehabilitation Hospital
235 Wealthy SE, Grand Rapids, MI 49503-5247

2) FAX – Complete this registration form and fax to:
616.493.9577 / Attention: Maria Besta

Cut on line