

Mobility Assistance Information

Name of Traveler: _____

Trip Requested: _____

Traveler's Height: _____ Traveler's Weight _____

Will you be bringing your own wheelchair? **Yes** **No**

If yes, please complete the following:

Type of Wheelchair (choose one): Manual Travel Manual Wet Cell Power
Dry or Gel Cell Power

Dimensions of Chair: Length _____ Width _____ Weight _____

Height When Up _____ Height When Collapsed _____

Do you need a wheelchair provided for you? **Yes** **No**

If yes, please complete the following section:

Type of service requested (choose one):

Wheelchair for long distance only (i.e. airports/theme parks)

Manual Wheelchair Rental for entire trip (extra charge may apply)

Power chair for entire trip (extra charge may apply)

Do you require assistance to transfer to an aircraft seat (*may require the use of an aisle chair*)? **Yes** **No**

If yes, please complete the following section:*

Yes, I need a hoist or 2 people to transfer me

Yes, I need 1 person to assist with a manual transfer

*Be aware that the airline staff are not permitted to help with personal care functions including help with transfers to and from the restroom. The airlines require people who require assistance in this area to manage it independently or to travel with a companion.

Do you require an upgraded airline seat? **Yes*** **No**

*An additional fee will apply. Upgraded seats provide more leg room and are closer to the front of the plane.

I need a wheelchair accessible room? **Yes** **No**

If yes, please complete the following section:

Yes, I am okay with either a roll-in shower or a tub

Yes, I require a roll-in shower

Yes, I require a tub

Please specify any other requirements for room here:

Additional Equipment Needs (based on availability):

Please indicate if you are traveling with or would like to rent the following equipment (an extra charge may apply):

I need a Wheelchair Accessible Van for my transportation (extra charge may apply)

I need a hooyer lift (must have a one-on-one chaperone, extra charge may apply)

I need a Shower/Tub Chair (extra charge may apply). Please specify type:

Tub Transfer Bench

Standard shower chair

Rolling chair

Please specify any other requirements for chair or bathroom here:

Name

Date