



## Go Baby Go Powered Mobility Program Application

Steps to owning a Go Baby Go Powered Mobility Car

1. Complete and return this application.
2. Come in for a free evaluation. Links to register are on the [ASC Event Calendar](#).
3. Pay for or request financial aid to pay for your new car.

Please complete the following form and return it by email to [info@adaptivesportsconnection.org](mailto:info@adaptivesportsconnection.org) or by first class mail to Adaptive Sports Connection 6000 Harriott Dr Powell OH 43065

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Parent(s) Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Referring Therapist's Name: \_\_\_\_\_ Therapist's Phone Number: \_\_\_\_\_

Referring Therapist's Employer/Organization: \_\_\_\_\_

Therapist's Email Address: \_\_\_\_\_

Cost of GBG Car: \$225.00 small \$300.00 medium \$450.00 large Will you need financial aid? Yes No

If yes, how much can you pay? \_\_\_\_\_

Please include any information about your child you feel is important to help find donors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Providing a photo of your child will help us find a sponsor for your child's car. By providing a photo you are giving consent for Adaptive Sports Connection to use the image online and in print.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_