



# Veteran Application

AMTRYKE THERAPEUTIC TRICYCLE



Veteran's Name \_\_\_\_\_ AGE \_\_\_\_\_ Date of Request \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

Rank: \_\_\_\_\_ Unit info: \_\_\_\_\_ Time in Service \_\_\_\_\_

Awards: \_\_\_\_\_

Secondary Contact Info: \_\_\_\_\_ phone: \_\_\_\_\_

Title/Field: \_\_\_\_\_ E-Mail \_\_\_\_\_

How did you hear about the vet Tryke? Therapist \_\_\_\_\_ Website \_\_\_\_\_ Doctor \_\_\_\_\_

AMBUCS member \_\_\_\_\_ Other \_\_\_\_\_

**An evaluation is required for placement from your doctor or therapist.**

Is Financial Assistance Needed in Obtaining the Veteran Bike? yes \_\_\_\_\_ no \_\_\_\_\_

I agree to "recycle" the Tryke for use by another Veteran. yes \_\_\_\_\_ no \_\_\_\_\_

Treating Physician/Therapist name: \_\_\_\_\_ phone: \_\_\_\_\_

Treating Physician/Therapist Signature: \_\_\_\_\_

You must have a therapist or physician sign off to receive an Amtryke.

A DD214 must be attached to the applications to assist with verification of veteran status.

Date of injury/diagnosis and how it occurred:

*I give my permission for my picture and personal information to be used in AMBUCS materials to help in obtaining a sponsor for the AMTRYKE Vet therapeutic tricycle program.*

Name \_\_\_\_\_ Date: \_\_\_\_\_

*By entering your name, you agree to accept the terms of the above document with an electronic signature.*

***\*\*AMTRYKE\*\* therapeutic tricycles are distributed based on available funds, circumstances of injury and a hierarchy of need through the National Ambility Advisory Board. Individual placements may also be made at the discretion of local AMBUC Chapters.***

Please mail or fax this application to:

Greenebucs

P.O. Box 1, Alpha, Ohio 45301

Fax: 937-427-1949

**AMTRYKE REQUEST, ASSESSMENT FORM, WAIVER and DD214 MUST BE RECEIVED TO PLACE RECIPIENT ON WISH LIST.**

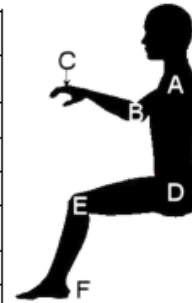
# Amtryke Assessment Form

(Must be filled out completely by therapist)

Recipient's Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Weight (lbs.):\* \_\_\_\_\_ Height (inches):\* \_\_\_\_\_  
 Diagnosis(es):\* \_\_\_\_\_

\*This private information is only used to help appropriately fit the rider.

RIDER'S MEASUREMENTS				
Arm Measurements (inches)				Total Length
<b>Left</b>	A to B:		B to C:	
<b>Right</b>	A to B:		B to C:	
<b>Trunk</b>	A to D:			
Leg Measurements (inches)				Total Length
<b>Left</b>	D to E:		E to F:	
<b>Right</b>	D to E:		E to F:	



A	Center of Shoulder
B	Center of Elbow
C	Center of Digit Crease
D	Center of Hip
E	Center of Knee
F	Bottom of Foot

**Arm Length & Leg Length Measurements are critical to correct Amtryke Selection**

Sizing Chart is available online:  
[www.ambucs.org/riders/wish-list/sizing-chart/](http://www.ambucs.org/riders/wish-list/sizing-chart/)

Notes on Provided Measurements (if any):

Helmet Sizing	
Size	Measurement (head circumference)
Toddler (XS)	17.7" – 19.3"
Child (S)	20.5" – 21.7"
Youth (L)	20.9" – 22.4"
Adult (XL)	22.4" – 23.6"

Therapist Name: \_\_\_\_\_ Is this the treating therapist?  Yes  No

Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this facility an Amtryke Evaluation Site?  Yes  No  Not Sure

Therapist comments concerning recipient or goals:

This request/assessment is directed to:

Local AMBUCS Chapter Name: \_\_\_\_\_

National Wish List (AMBUCS Resource Center)

By signing below, you are signifying that in your professional opinion this rider would benefit from an Amtryke. You assume no liability.

Therapist or Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This signature is needed for all Amtryke requests and should include the DD214.

Please mail completed request, assessment and waiver forms to:

Greenebucs  
 PO Box 1  
 Alpha, Ohio 45301  
 Fax: 937-427-1949

# Amtryke Adaptive Tricycle Waiver Form

(Must be filled out completely by Veteran)

AMBUCS members nationwide are dedicated to creating opportunities for mobility and independence by providing Amtryke adaptive tricycles, offering educational scholarships to therapy students and performing various forms of community service.

**Purpose:** The Amtryke adaptive tricycle creates a feeling of freedom, builds self-esteem, strengthens muscles and improves motor coordination and rage of motion—all while making exercise fun.

## Safety Cautions

- Fast speeds and sharp turns can cause the Amtryke adaptive tricycle to tip or turn over.
- Always wear a helmet when riding an Amtryke.
- Use of other protective gear is highly recommended.
- Adult supervision required if used by younger riders.
- Use caution near vehicles, swimming pools and other bodies of water, hills, alleys and sloped driveways.
- Always wear shoes.
- Never allow more than one rider.

*The information contained in this document is not intended nor implied by National AMBUCS™, Inc. to be professional medical advice by National AMBUCS, Inc. Always seek the advice of your physician, therapist or other qualified healthcare provider prior to starting any treatment or with any question you may have regarding a medical condition. Nothing contained in this document is intended by National AMBUCS, Inc. to be for medical diagnosis or treatment by National AMBUCS, Inc. or on behalf of National AMBUCS, Inc.*

*In no event shall National AMBUCS, Inc. be liable for any direct, indirect, incidental, consequential, special, exemplary, punitive, or any other monetary or other damages, personal injury or property damages, fees, fines, costs, attorney fees, or liabilities of any kind arising out of or relating in any way to this service or use of the Amtryke® adaptive tricycle, and/or content or information provided herein.*

I agree that I may be photographed by National AMBUCS. I also agree that my photo and name may be used in promotional efforts for National AMBUCS, Amtryke or the local AMBUCS chapter. I further grant National AMBUCS the ability to use the photos and name for advertising/publicity purposes without additional compensation, except where prohibited by law. If anybody in my party does not want to be photographed under these same terms, I will let the photographer know as soon as possible.

**By signing below, I acknowledge that I have read and understood this liability waiver.**

Veteran's Name (printed): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Veteran's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, (veteran's signature) \_\_\_\_\_, pledge to return this Amtryke to \_\_\_\_\_ if I decide to no longer use it. I understand that it will be passed on to another Veteran who can benefit from using the Amtryke. If it is not possible to return it, I will donate it to another Veteran who will use it. I understand that under no circumstances am I authorized to sell the Amtryke.

Please mail completed request, assessment and waiver forms to:

Greenebucs  
PO Box 1  
Alpha, Ohio 45301  
Fax: 937-427-1949

# Amtryke Sizing Chart

TRYKE TYPE (How will the tryke be propelled?)	RIDER LEG LENGTH (Inches from center of hip to bottom of shoe.)	RIDER ARM LENGTH (Inches from middle of shoulder to center of digit crease.)	MODEL	RIDER WEIGHT (Pounds)	RIDER MAX HEIGHT (Inches)	TRYKE WEIGHT (Pounds)	WHEEL SIZE (Inches)	TTRYKE HEIGHT (Inches)	TRYKE LEGNTH (Inches)	TRYKE WIDTH (Inches)
<b>Hand &amp; Foot</b>	15-21	13-17	AM-10	55	40	45	10	24	38	21
	19-24	15-20	AM-12S	150	40	45	12	27	38	24
	21-29	14-23	AM-12	150	47	45	12	36	60	32
	24-36	18-27	AM-16	175	66	55	16	36	68	33
	32-46	18-30	AM-20	250	74	80	20	45	72	32
<b>Foot</b>	15-21	12-20	1410	55	40	45	10	24	38	21
	23-28	16-24	1412	125	42	72	12	13	43	27
	26-32	16-24	1416	175	60	74	16	49	58	30
	29-35	20-30	1420	250	68	74	20	50	64	30
	30-45	22-34	1420XL	275	76	89	20	43	72	29
	30-41	20-28	JT-2000/ JT2300USS	250	74	80	20	48	72	32
	36-45	17-29	TP-3000	300	75	47	20	33	63-70	33
<b>Hand</b>	up to 37	19-30	1020	250	67	74	20	41	69	30
	up to 41	22-26	1024	250	72	85	24	45	75	32
	up to 41	22-26	HP-1000	250	74	83	Front 16 Rear 20	45	72	32
<b>All trykes in the Hand &amp; Foot section can be converted to Hand trykes – except the AM-20.</b>										

- A Center of Shoulder
- B Center of Elbow
- C Center of Digit Crease
- D Center of Hip (greater trochanter)
- E Center of Knee
- F Bottom of Foot



## RIDER'S MEASUREMENTS

### Arm Measurements (inches) Total Length

Left A to B + B to C = \_\_\_\_\_

Right A to B + B to C = \_\_\_\_\_

Trunk A to D = \_\_\_\_\_

### Leg Measurements (inches) Total Length

Left D to E + E to F = \_\_\_\_\_

Right D to E + E to F = \_\_\_\_\_

## HELMET SIZING

### Sizes Head Circumference Inches

Toddler (XS) 17.7" – 19.3"

Child (S) 20.5" – 21.7"

Youth (L) 20.9" – 22.4"

Adult (XL) 22.4" – 23.6"