

SCATP Durable Medical Equipment Request Form

For

Friends of Disabled Adults and Children (FODAC)

Date:

First Name:

Last Name:

Address:

City/State/Zip:

County:

Telephone Number:

Email:

Date of Birth:

Age:

Check all that Apply: Medicaid Medicare Veteran Voc Rehab Client

SSN (Last 4 digits):

Paid Income Taxes Last Yr. Yes No

Church you attend: (optional)

Living Arrangements:

 Nursing Home Assisted Living Family/Friends Independent

First Time FODAC Client? Yes No

Medical Diagnosis:

Height:

Weight:

 Male Female

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Requested Item(s)*:

No Substitution(s) for Item(s):

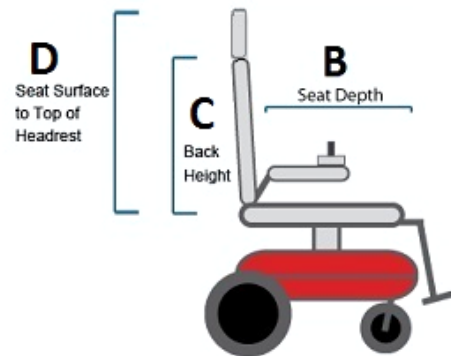
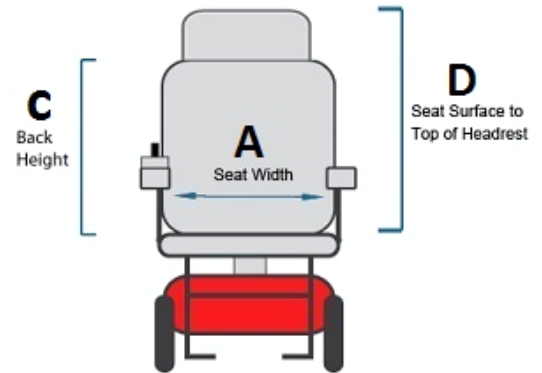
Provide measurements, if a wheelchair is requested.

A) Wheelchair Seat Width:

B) Wheelchair Seat Depth:

C) Back Height:

D) Seat Surface to Top of Headrest:



Courtesy of U.S. Medical Supplies

Check the following required for the wheelchair:

Headrest

Lateral Supports

Leg Rests

Elevating Leg Rests

Tilt

Additional Specifications:

***NOTE:** *There is an additional fee for batteries for power wheelchairs and scooters. The cost of the battery varies based on user weight and can range from \$190-\$370. If you are requesting a battery for a power wheelchair, a prescription from a doctor or a medical professional is required. Please contact FODAC (Betty Felder, 770-491-9014 x127) immediately to pay for the battery via credit card.*