# 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: ( )_____**

**Treating Physician/Therapist name:_____ phone ( )_____**

**Title/Field:_____ E-Mail_____**

**How did you hear about Vet Tryke Program? ____Therapist ____Website**

**____AMBUCS member___Other**

**Evaluation is required for placement. Please specify Evaluation Site_____**

**Is Financial Assistance Needed in Obtaining the Veteran Bike? _____yes _____no**

**I agree to "recycle" the Tryke for use by another Veteran. _____yes _____no**

**Date of injury/diagnosis and how it occurred:**

**If possible , including a phot0 of the Veteran will help us obtain a sponsor for your AMTRYKE cycle.**

***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.*

**If printing form, please mail or fax this application to: or contact Devlynn at (937) 562-6510**

**Greenebucs**

**P.O. Box 1, Alpha, Ohio 45301**

**or fax to Att: Devlynn (937) 562-6539**

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