Trip Facilitation Intake

Name:_____ **Email:** _____

Organization:_____ Ph: _____

<u>If other than you</u>, please provide the contact information for individuals we may contact to request additional information relevant to this trip (please provide name and email/phone):

Trip Details: _____

The Individual to be supported on this trip: _____

Billing: _____

Other: _____

Trip Destination: _____ **Activity**:_____

Trip Date: _____

Starting/Ending Location(s): _____

Arrival/Departure Time:_____

Route (if applicable):_____

Rain Date:_____ # Staff /Volunteers Organization providing for support _____

What resources are you requesting Northeast Passage provide: Please select all that apply.

☐ Adaptive Equipment Consult/Fitting Prior to Trip

☐ Adaptive Equipment Rental

☐ We anticipate using this Equipment Item:_____

Equipment Transportation

☐ Organization Pick-up/Drop-off at NEP office.

☐ Request that NEP Transport Equipment ($50/hr)

☐ NEP Staff / Volunteers Present on Trip (transportation of equipment included).

Info about individual to be supported on this trip:

Height_____ Weight_____ Age/Grade:_____

Disability :_____

Over>>>>

Trip Facilitation Intake

Does this individual typically utilize assistive devices for mobility?

☐ **No assistive devices.**

☐ **Walker/Crutches**

☐ **Manual WC** ☐ Used independently ☐ Dependent upon care provider for mobility.

What is the approx. width of the wheelchair cushion? _____in.

Does the individual have seating support built into their WC?

☐Lateral Supports

☐ Neck/Head Rest

☐ Molded cushions

☐ Reclined Seat

☐ **Power WC** ☐ Used independently ☐ Dependent upon care provider for mobility.

What is the approx. width of the wheelchair cushion? _____in.

Does the individual have seating support built into their WC?

☐Lateral Supports

☐ Neck/Head Rest

☐ Molded cushions

☐ Reclined Seat

Please list any additional information we should be aware of, as relevant to Trip planning and facilitation (i.e. endurance, strength, range of motion, independence, any chronic conditions, behaviors, or general attitudes).

Thank you for submitting your Trip Facilitation Intake. This information is helpful in our assessment of your equipment needs, our recommendations, and internal resources to accommodate your request. A representative of the Northeast Passage Team will follow-up with you directly. Please contact the NEP office at 603-862-0070, northeast.passage@unh.edu with any questions you may have.