

First Wheels - Child Application Form

First Wheels is a project of Thru the Roof Special Needs Ministry at Houston's First Baptist Church based out of Houston, Texas. Our goal is to share the love of Jesus by serving His special children and their families.

First Wheels is based on Dr. Cole Galloway's Go Baby Go project at the University of Delaware.

The concept is to modify readily available children's ride-on toys for use by special needs children. Exploration is crucial to early childhood development and we want to help kids with a few more challenges to explore their world. Each child's abilities are vastly different, so the modifications necessary vary greatly.

Our resources are limited so we have decided to start an application process so that we can accommodate as many children with their unique needs as possible, in the most specific ways. Please answer the questions below so that we can fit your child with the most helpful vehicle possible. If you have any questions, please email Brittany.Johnson@HoustonsFirst.org.

NOTE: please have a measuring tape nearby - the application requires measurements of your child so we can fit them in their vehicle, if selected.

Parent Name (First and Last): _____

Contact Email Address: _____

Child Name (First and Last): _____ **Gender:** Male Female

Date of Birth (Month/Date/Yr): _____ **Height:** _____ (inches) **Weight:** _____ (Lbs)

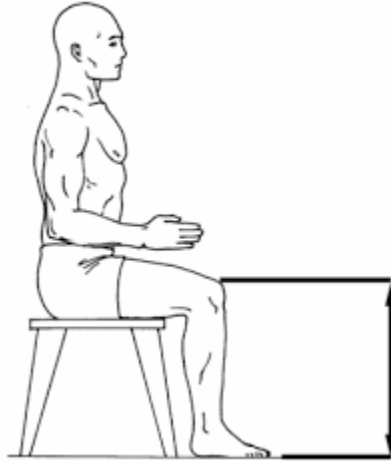
Primary Diagnosis (Ex: Cerebral Palsy): _____

Secondary Diagnosis (Ex: Spastic Diplegia): _____

List Any Braces, Vests, or Support Equipment Your Child Uses: _____

MEASUREMENT IMAGE 1

****PLEASE NOTE**** We **MUST** have this dimension to complete your child's vehicle. Follow instructions below and take careful measurements. Email Brittany.Johnson@HoustonsFirst.org for assistance.



Measurement 1: Place your child in a seated position (as seen above), and measure the distance between the bottom of the foot to the top of the knee _____ (in inches)

MEASUREMENT IMAGE 2

****PLEASE NOTE**** We **MUST** have this dimension to complete your child's vehicle. Follow instructions below and take careful measurements. Email Brittany.Johnson@HoustonsFirst.org for assistance.



Measurement 1: Place your child in a seated position (as seen above), and measure the distance between the front of the knee and your child's back _____ (in inches)

Does Your Child Sit Independently? Yes No

If They Do Not, Where Do They Need Extra Support? Trunk Hip Shoulder Head/Neck Other _____

Can Your Child Stand Without Assistance? Yes No

Can Your Child Press Buttons or Switches? Yes No

What Toy or Technology Does Your Child Currently Use to Move Around? _____

Please tell us a little more about your child and their unique differences. Use this space to explain any further details from above answers. The more information you provide will help us better understand which car and modifications we need to prepare for a great fit.

Tell us about your child's favorite toys, characters, color, music, etc. Their likes and dislikes.
