

**REQUEST FOR QUOTATION**  
STO-93 Rev. 10/01

**INSTRUCTIONS**

Please quote us your prices on the commodities listed below.  
All prices must be F.O.B. Destination and you must show Unit Price, Amount, and Total or bid may be rejected.

Since the State of Connecticut is exempt from the payment of Federal Excise Taxes and the Connecticut Sales Tax, do not include such taxes.

We reserve the right to reject in whole or in part any or all bids submitted.

The contractor agrees and warrants that in the performance of this contract he will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, sex, sexual orientation, learning disability, mental retardation or physical disability, including, but not limited to, blindness, unless it is shown by such contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United State or of the State of Connecticut. If the contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such project. The contractor further agrees to provide the Commission Human Rights and Opportunities with such information requested by the Commission concerning the employment practices and procedures of the contractor as related to the provisions of this section and section 46a-56. For the purposes of this section "minority business enterprise" means any subcontractor or supplier of materials fifty-one percent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) Who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of section 32-9a.

VENDOR:

This is not an order. Fill in and return to STATE OF CONNECTICUT at the address shown below.

ISSUED BY (Agency) DORS/Bureau of Rehabilitation Services		(Return bid attention of) Andre Pope	BID NO: 18BRS036
AGENCY ADDRESS 55 Farmington Avenue, 12 <sup>th</sup> floor, Hartford, CT 06105			DATE ISSUED 9/14/2018
SHIP PREPAID TO (ABOVE AGENCY AT ADDRESS SHOWN.) (Unless other address is entered here) Suffield, CT			DATE AND TIME BID REQUIRED 10/5/2018 By 4pm
SIGNED (For Agency) Myra Scott	TITLE Education Specialist	TELEPHONE NO. (860) 424-4840	DATE MATERIAL REQUIRED 60 days

ITEM No.	DESCRIPTION	PRESCRIPTION REQUIREMENTS AMOUNT	
	<u>REQUEST FOR QUOTE</u>		
	VEHICLE MODIFICATION FOR A PERSON WITH A DISABILITY Chrysler Corp. Grand, Toyota, Honda minivan - <b>ESMC # 21802 + Addendum</b>	Entry	\$
	VENDOR REQUIREMENTS: MUST HAVE NMEDA/QAP CERTIFICATION AND PROVIDE IN-STATE SERVICE.	Interior	\$
	See Specifications below RETURN BID TO: Andre Pope at the below email address E-MAIL: DORS.quotes@ct.gov PHONE#: (860) 424-4840 FAX#: (860) 424-4850 WEB SITE: http://www.ct.gov/brs	Primary Controls	\$
		Secondary Controls	\$
	<i>All vendors must provide explanation for any item, device or system which is not identical to that specified in the Vehicle Evaluation Report but considered equivalent by the vendor</i> <b>**When submitting a bid via email, the bid number must be referenced on the subject line</b>	Preparations	\$
			<b>TOTAL: \$</b>

To be completed	QUOTATION NO.	DATE SUBMITTED	DELIVERY AS REQ'D ABOVE (Unless noted here)		
	SIGNED	TITLE	TELEPHONE NO. & EXTENSION	CASH DISCOUNT TERMS	PAYMENT TERMS
by bidder	VENDOR FEIN/SSN	ARE YOU INCORPORATED	PURCHASE ORDER ADDRESS (If different from bidder's address above)		
		YES NO		_____% ____days, NET 45 DAYS	

# CT BRS Bid Breakdown For Vehicle Modification

**Date**

**BRS Bid Number:** 18BRS036

**BRS Bid Total: \$**

<b>VM Vendor Name and Address</b>	<b>Customer</b>
	Department of Rehabilitation Services Bureau of Rehabilitation Services 55 Farmington Avenue, 12 <sup>th</sup> Floor Hartford, CT 06105 Phone: 860-424-4840 Fax: 860-424-4850 DORS.quotes@ct.gov

**Special Notation Section:**

Item	Description & ESMC RX #'s	Quan.	Per	Total
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

**Subtotal \$**  
**Tax Rate \$**  
**Sales Tax \$**  
**Inbound Shipping \$**  
**Total \$**

\_\_\_\_\_ **Authorized Signature**                      \_\_\_\_\_ **Date**

**Additional Info:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Easterseals Driver Assessment Program  
158 State Street Meriden, CT 06450  
Phone: 203-630-2208 Fax: 203-634-0341

## VEHICLE EVALUATION REPORT

DATE OF EVALUATION: April 26, 2018 DATE OF ADDENDUM: Sept. 13, 2018

CLIENT: 21802

See attached revised VER which reflects some changes to the recommendations needed for the vehicle needed for this consumer.

Since the original assessment there has been a major change in his living situation requiring him to have a power locking system for the power wheelchair. He will also need to have low effort steering as he has recently rented a modified van and found that it fatiguing for him with longer distances.

### PLEASE NOTE THE FOLLOWING CHANGE/REVISIONS TO THE ORIGINAL VER:

**THIS DOCUMENT IS A PRESCRIPTION ONLY AND IS NOT APPROVAL FOR CLIENT TO PURCHASE VEHICLE OR EQUIPMENT. FUNDING SOURCE MAY NOT PAY FOR ALL ITEMS IN THIS REPORT. ANY CHANGES TO THIS PRESCRIPTION MUST BE APPROVED IN WRITING.**

A handwritten signature in cursive script that reads "Joan Cramer MS, OT/L, CDRS".

\_\_\_\_\_  
Joan Cramer, MS, OT/L, CDRS

Certified Driver Rehabilitation Specialist

**The Mobility Center**  
Easter Seal Rehab. of Greater Waterbury Inc.  
158 State Street, Meriden, CT 06450  
(203) 630-2208 (203) 634-0341 (fax)

Vehicle Evaluation Report

DATE OF EVALUATION: (original April 26, 2018) September 13, 2018 revision 2

- AUTO       FULL SIZE VAN       MINI VAN  
 TRUCK/SUV       FORD       CHRYSLER CORP. GRAND MINI  
                           DODGE//FREIGHTLINER       HONDA  
                           GM       TOYOTA\* *may consider with funding source approval; note modifying this vehicle with reduced effort steering more costly.*

- Lowered Floor Van       Scooter Lift       Driving Equipment       Mid Tech

Client's Name: \_\_\_\_\_

Street, City, Zip: \_\_\_\_\_ Suffield CT 06093

Telephone (Home): \_\_\_\_\_ Other: \_\_\_\_\_

Date of Birth: 02/28/2975 Height: seated 56" Weight: \_\_\_\_\_

Operator's License #: \_\_\_\_\_ State: CT

Expiration Date: \_\_\_\_\_ Class: D

- Experienced Driver       New Driver       Passenger Only

Referred By: BRS

Name and Address of Counselor: Terrie Copeland-Rice BRS Counselor

184 Windsor Ave Windsor CT 06095

Telephone: 860-881-0479

This prescription is considered valid for one year from the date of evaluation.

Disability: Becker Muscular Dystrophy

History of muscle spasms: controlled

Exact description of client's current vehicle:  Swing door  Sliding door  Power operated  
 Power door locks  Odometer reading: \_\_\_\_\_

This consumer is dependent on his current modified vehicle which the family was given many years ago. The 1996 Dodge Caravan was set up for a quadriplegic and the steering of this van is zero effort resistance. There are **no hand controls** and it has a ramp for his access with the power wheelchair. The kneel feature has not worked for quite some time and he struggles with dropping the ramp as there is an issue with the electronics.

Name of registered owner: parents License Plate: n/a

Insurance carrier: n/a Policy #: n/a

Vehicle recommended (make, model, year & engine) air conditioning (front or rear) (on full sized vans minimum G.V.W. should be 7,000 lbs.) Scooter owners should consider a minivan or station wagon. If already purchased by client, indicate whether van is customized or stripped down, i.e. cloth interior vs. no covering on metal walls. This consumer needs a lowered floor minivan with hand controls to operate the vehicle. There needs to be a ramp for wheelchair access and the plan is to transfer to the OEM seat using a 6-way feature. There will need to be a system to secure the wheelchair when the vehicle is in operation. Transfer dependent on leather upholstery

Justification for recommendation of type of vehicle described above:

The consumer is currently employed and independent with transportation using his feet on the pedals. At this time it is recommended that he be trained with hand controls.

Vehicle used for evaluation (make, year, model, wheelbase):

ESMC's Chrysler Town and Country

Wheelchair used during evaluation: Permobil Weight: 375 lb

Wheelchair to be used for vehicle modification: same Weight: Same

**Clients driving from a power wheelchair will require a swing-away mount for the joystick.**

**Replacement wheelchairs should maintain client's positioning as close as possible to previous chair's dimensions including make and model, length, width, seat height and wheelbase.**

**Any new wheelchair that exceeds the dimensions of client's current chair may prohibit the client's ability to enter, lockdown, or exit the modified vehicle. Specifically, the new wheelchair may be too long or too wide for the ramp or lift, the driver tiedown may not be adaptable to the new wheelchair, and/or maneuverability may be inhibited when positioning wheelchair for driving and/or riding as a passenger. Client is responsible for notifying funding source of any changes in wheelchair or vehicle following the date of this report.**

Funding source name: BRS

Funding source telephone: 860-881-0479

Evaluation location: Easterseals Driver Assessment Program

**ENTRY**1.  **Outside Lift/Ramp Operation**

- Remote       Other Uses remote control  
 Magnetic or key (including security feature) (back-up for drivers of full sized vans only)

2.  **Wheelchair Access** (All vehicles equipped with wheelchair lifts must be provided with overhead lighting of sufficient candle power to illuminate the lift and lift platform when in use. All vans equipped with wheelchair lifts must comply with FMVSS 403 and 404).

- Fully Automatic Lift\*       Scooter Hoist (location/model#) \_\_\_\_\_  
 Ramp for lowered floor mini (52") (folding ramp if client to be vehicle operator)  
 (ramp actuator must stop automatically when contacting fixed object or surface)  
 (actuator must not extend more than 24" above the floor) (slope no steeper than 1:6 ratio)  
 (length not to exceed 60")  
 Side Entry\*\*       Rear Entry       Attendant Control  
 Kick out switch arm (operated on right or left when backed onto the lift based on client preference)  
 One Arm Lift     Two Arm Lift (front passenger seat may not be reclined)     No Overhead Lift Structure  
 Folding Platform Feature (power fold)     Solid Platform     Dual Entry (Two-arm only, no fold)  
 Slide Away lift

\* Lift must have rated capacity of twice the weight of individual and wheelchair combined or 750 lbs; whichever is less.

\*\* Wheelchair lift leveling spacer to be added to right side suspension if side to side dimensions vary 1 inch or more.

3.  **Automatic Door Opener** (open-feature must be disabled whenever the transmission is in gear or parking brake is off)  
(Factory power sliding door should be ordered by the client when available)

- Swing       Slide (not for full size lowered floor)       Hatch (factory order on Chrysler)

4.  **Raised Side/Rear Door** (if clear entrance needed is over 47" full size)

- Swing       Slide       Full Raised Door (for raised roof vans)     4"     6"     8"  
 Raised Eyebrow Peel     1"     2"     3" (3" not available for minivans)

5.  **Raised Roof** (painted to match) with roll bars/structural reinforcement (meeting SAE or NMEDA requirements or certified test documentation) and color coordinated roof liner (rear a/c in roof must be maintained).  
(Front stabilizer bar must be ordered on vehicle).

- Sport Top (11-12")       Executive Top (14-16")     Full Raised (16"+)

**INTERIOR**

6.  **Lowered Floor** or minimum 10 gauge steel or floor structure that has been crash tested (Ford full size with swing doors, Chrysler Grand Mini, or GM Mini). Note: Vehicles with dual batteries or rear heat and air conditioning may require permanent removal of one battery and/or air conditioning unit. Client will assume the additional costs incurred in order to retain the dual battery and/or rear air conditioning unit. When relocating fuel tank, OEM warranty tank should be used when available, otherwise FMVSS #301 certified tank must be used. N.B., For lowered floor of 5" or greater on full sized vans the factory gas tank will be replaced with one that will hold less gallons than the original.  
\*Larger wheel diameter increases ramp grade. **Not for all wheel or four wheel drive vans. No 2008 Ford Club Wagons.**

**Full Size Van:**  6" (2" body lift kit to be used) (53")  9" Norcal (56")  
 Complete Driver Package  Passenger-midsection  Double lowered front area & midsection  
 (new van) (one-arm lift, narrow wheelchair only)

**Mini Van:** \*(must have at least 15" rims/tires)

8" in-floor \*\*  Chrysler  Toyota  Honda  
 (\*\*passenger only, client expense)

- Kneeling Mini Van (mechanical)** (Air Kneel on GM will require moisture trap with push button ejection valve and antifreeze injection feature or approved equivalent – must be accessible to individual using a wheelchair)

- Wheelchair Tiedown System** (all driver tiedown systems will be automatic and will include an ignition interlock or an audible and visual warning that the wheelchair is not locked into place). All tiedowns will be crash tested types and supplied with FMVSS complying seat belt. (Adapting power wheelchair for electric tiedown will result in only 1-3" ground clearance).

- Power Tiedown  Remote cable release (mounted within client or caregiver's reach)  
 **MIDSECTION**  Passenger (right front removable seat without tools) (must include deactivation box)  
 4 Point Tiedown  Kinedyne Titan or equivalent  Wheelchair access loops  
 (passenger, or justify)  
 Right front removable seat without tools (not available if high tech)  Midsection  
 Built-in floor sockets for 4 point tiedown system for future use at right front and center rear passenger positions will be required on lowered floor mini vans and double lowered floor area full size vans.

8.  **Lap and Shoulder Belt (Type 2A)** (Maintain pyrotechnic pretensioner when operating from w/c)  
 (required when riding from w/c).

9.  **Chest Belt** – Imec or equivalent;

10.  **Belt-Type Unoccupied Wheelchair or Scooter Anchorage** for clients that transfer modify so client can use independently.

11.  **Driver's Seat** (built-in floor sockets for quick release seat at driver's station are required on lowered floor mini vans and double lowered front area full sized vans)

- 6-way power swivel adapted seat base  
 Support Platform for feet (fit by vendor)  
 Extended Travel\* (rear entry)  Custom positioning seat base\*  
 Grab bar at transfer site\*  Vinyl covered seat needed for transfer  
 Removable without use of tools with transfer wheels and separate lapbelt \*determined by vendor fitting

- 12.  **Windshield** with no tint band – available for full size Ford and Chrysler special order; will require extra length windshield wiper blades.

**PRIMARY CONTROLS**

**An airbag on/off switch may be required if client is seated within the deployment zone. Airbag may have to be eliminated when modifying steering controls. NHTSA approval letter will be necessary in either case. Questions regarding airbag system should be directed to the vehicle modification vendor.**

- 13.  **Reduced Size Steering Wheel** (airbag and cruise control will have to be eliminated when modifying steering controls) (13" or smaller may require minimum effort steering)  Deep Dish  Size in inches: \_\_\_\_\_

- 14.  **Steering Column Extension** to be determined by vendor fitting with the w/c & client in driving position. (3" lightweight maximum add on to end of column)

- 15.  **Steering Device** Must have a removable retainer to allow the device to be removed whenever an able-bodied driver is using the vehicle (does not pertain to high tech. systems). The bearing "cuff" must be permanently mounted to the interior side of the steering wheel. Specialized steering system will require an appropriate weight device.
  - Ball Grip/Spinner vendor to fit for location once vehicle is purchased and sized
  - Tri-pin (at the 6:00 position)  Other: \_\_\_\_\_

- 16.  **Sensitized Steering** with automatic back up system. **BRS WILL ONLY PROVIDE THIS ON VANS.** Vehicles with minimum effort steering will require a counter balance opposite the bearing cuff. Not available on Toyotas.
  - Low Effort (a.k.a. reduced effort) – approximately 30-60 ounces with factory wheel (varies with vehicles) **NEEDED AT THIS TIME AS ENDURANCE FOR LONGER DRIVERS CAN BE INCONSISTENT ESPECIALLY WITH NON-ELECTRIC STEERING**
  - Minimum Effort (a.k.a. zero effort) – approximately 10-30 ounces with factory wheel (varies with vehicles)

- 17.  **Specialized Steering System** - will require appropriate back-up system: \_\_\_\_\_

- 18.  **Horizontal Steering** - will require sensitized steering (number of wheel turns from left/right = \_\_\_\_\_)

- 19.  **Gear Shift Operation**  Adapt shifter to eliminate need to depress button to shift, if applicable
  - Extended/Cross over  Electric with indicator of gear the transmission has been shifted into (must not shift unless brakes are applied)

- 20.  **Reduced Effort Braking** (vehicles with vacuum boosted brakes only) with stop light indicator mounted within view of the operator and additional vacuum back up system will be installed. (Full sized vans will have double diaphragm vacuum booster installed. Vehicles with hydraulic boosted brakes will require a servo type hand control; see #21).
  - Low Effort (a.k.a. reduced effort) - approx. 11 foot pounds (varies with vehicles)
  - Minimum Effort (a.k.a. zero effort) – approx. 7 foot pounds or less (varies with vehicles)

- 21.  **Hand Controls** (see #23 and 24) (knee bolster and knee airbag will need to be removed)
  - To be mounted on:  left of steering column  right of steering column
  - Right-Angle Quad-Type \*  Right-Angle Para-Type \*  Push/Pull  Twist/Push  Push Rock
  - Stop light indicator mounted within view of the operator
  - Electric gas and brake (with automatic back up system indicating back up battery and alternative emergency brake application)
  - Indicate motion:  lateral  forward/back Other (specify): \_\_\_\_\_

\* Right angle hand control on 2012 Chryslers will have higher brake effort levels.



- 22.  **Other Accelerator/Brake Controls**
  - Left Foot Gas Pedal – with shield and feature to accommodate the able bodied driver
  - Gas/Brake Shield (removable)
  - Cruise (specify): \_\_\_\_\_
  - Pedal Extensions (removable or fold-down when possible) \_\_\_\_\_

**SECONDARY CONTROLS**

- 23.  **Headlight Dimmer Operation**
  - On Hand Control **if unable to manage the OEM set up** (OEM should be maintained)
  - Other (specify): consider options on OEM package and include auto dimmer feature

- 24.  **Horn Operation**
  - On Hand Control (OEM should be maintained)
  - Other (specify): \_\_\_\_\_

- 25.  **Signal Light Operation** (Must self cancel) (OEM should be maintained)
  - Remote \_\_\_\_\_
  - Turn Signal Crossover
  - Other (specify): \_\_\_\_\_

- 26.  **Extended Dashboard Controls**
  - Manual as vendor fitting determines since the OEM features are unknown at this time
  - Electric \_\_\_\_\_

- 27.  **Parking Brake**
  - Electric (unless OEM design on vehicle selected can be managed without difficulty)
  - Extended if foot operated

- 28.  **Windshield Wiper Operation**
  - Rain Tracker
  - Other (specify): OEM feature/package may include precipitation sensor

- 29.  **Windshield Washer Operation** (specify): \_\_\_\_\_

- 30.  **Emergency 4-Way Flashers**
  - Extended (fit by vendor)
  - Remote

- 31.  **Power Head Switch Pad With Ignition Interlock**
  - Number of Buttons/Functions: \_\_\_\_\_

32.  **Console** (Lowered floor minivans will come with pushbutton for ramp/door and kneeling functions)  
All switches must be labeled as to function. Center console labels must be illuminated.

Check all that apply:

Location:  Center  Door  Overhead  Dashboard

Switch Type:  Push Button (\*PB)  Toggle (\*T) (Specify for toggle below as needed)

Function:  Backup System  Headlights  Lift/Ramp (PB)  Wipers  
 Airbag On/Off  Heater/AC Blower  Parking Brake (PB/T)  Cruise \*  
 Dual battery (high tech only)  Ignition  Power Head Switch Pad  Doors  
 Electric Shift  Power Windows  Power mirrors  Tiedown (PB)

\* Add to Voice Scan or remote secondary control if steering wheel replaced

Temperature control

Extensions on OEM

Relocate OEM \_\_\_\_\_  Electronic Servo

Other:

33.  **Ignition Control**

Keyless  Quad Key Turner  Remote Start (for High Tech Controls only, or client's expense) NEEDED

TO MANAGE WEATHER ELEMENTS

**PREPARATIONS**

34.  **Reposition of Passenger Seat** (built-in quick release sockets at right front passenger's position on lowered floor mini vans and double lowered floor full size vans) (seat belt shoulder strap must be relocated with seat)

Additional quick release locations to be arranged for and paid for by client. For wheelchair drivers, dual purpose passenger seat with 2 arms and seat belt stalks on each side.

Original Location:  Right Front  Center  Rear

New Location:  To rear most portion of vehicle  To center of vehicle  Remove

Bench  Bucket

35.  **Wheelchair Subfloor** covered with commercial grade color coordinated carpet or TRF at client's preference, with edging trim.

1/2" Plywood (raised roof, no lowered floor)

Carpet  Carpet with translucent rigid carpet protector

Transit Rubber Flooring

36.  **Instructor's Brake System** to be removed upon licensing. Must be mounted on firewall or bracket parallel to firewall. Client will need to contact vendor for removal.

Cable  Other (explain): \_\_\_\_\_

37.  **Outside Mirror(s)**

3" Convex  Cross-Over Mirrors \_\_\_\_\_  Spot \_\_\_\_\_

38.  **Wide Angle Viewers**  
 Rectangle Rear Window - for backing     Windshield Strip - for viewing overhead signals  
 Object Detection Backing System (factory order when available)  
 Camera backing system
39.  **Interior Mirror**  
 Wide Angle     Other: \_\_\_\_\_
40.  **Back Up Battery System** - dual battery, capable of starting vehicle for high tech vehicles

Was the client road tested?     Yes     No

Vehicle Used: ESMC Dodge Stratus    Results: Successful

Comments: Sept. 13, 2018 it has come to the attention of this organization that consumer has new situation to consider with regards to the design of his wheelchair securement needing to protect an infant who will be in the midsection during transport

**IN ADDITION TO THE ITEMS INCLUDED IN THIS REPORT, IT IS RECOMMENDED THAT CLIENT'S CONSIDER THE FACTORY OPTIONS BELOW. NOTE THAT BRS IS NOT NOT RESPONSIBLE FOR FUNDING THESE EXTRA OPTIONS.**

- AAA Plus (extended distance towing package)
- Air conditioning
- Alternator (heavy duty)
- Automatic load leveling system
- Automatic Transmission (with overdrive if available)
- Backing Object Detection System (typically available on high end packages)
- Battery (heavy duty, maintenance-free)
- Citizen band or cellular phone (emergency communication system)
- Cruise control
- Door locks (power)
- Dual battery
- Factory power slide door
- Front stabilizer bar
- Glass (all-around)
- Glass, tinted (privacy glass)
- Insulation of walls and doors
- Interior trim package
- Lighter (cigar) (Power Point)
- Maximum GVW for 3/4 ton van (8,600 lbs.)
- Mirrors, power heated
- Power hatch
- Rear window defogger (if available)
- Remote start (not for "0" effort steering)
- Run-flat tires
- Springs (heavy duty)
- Steering wheel (tilt)
- Spare tire and wheel - full size
- Super duty cooling package

**NOTE TO CLIENTS:** The mid bench/seats floor quick disconnect and floor inserts will normally be removed. Unless approved in writing within the van evaluation report by the state, the costs of reconnection of the quick release mid bench/seats will be the responsibility of the client and not the state or the modification vendor. The client is responsible to order any changes from the modification vendor prior to drop shopping their vehicle to the vendor's modification manufacturer's site, and is fully responsible to pay for them at the time of delivery.

Your new vehicle tires may not provide maximum performance. After-market tires with superior performance are available at your expense.

The lowered floor minivan modification may change the handling characteristics from that of an unmodified van.

For high tech vehicles, maintenance costs can be expensive. Please refer to your Voc Rehab policy regarding maintenance of the equipment.

Clients (especially those with impaired sensation) are recommended to have their vehicle modifier disable heated seat and/or heated steering wheel functions. Malfunctions may result in severe burns.

Note that approved vendors and equivalent systems/equipment are determined by the funding source.

**NOTE TO VENDORS:** Any motor vehicle which is equipped with adaptive equipment pursuant to a contract awarded as the result of a bid submitted in response to this prescription is subject to and must pass inspection and testing, including test driving, by the consulting automotive engineer selected by the Bureau of Rehabilitation Services to determine that the vehicle conforms to the specifications in such contract and is equipped for safe highway operation. Inspection of said vehicle and corrections found necessary shall be completed before payment is made to the vendor and before delivery is made to the client.

**Vendors must contact clients for a fitting and/or obtain pertinent information before modification work is begun and/or completed. Vendor must familiarize client and significant others in the proper use and operation of all adaptive equipment.**

It is recommended, upon receiving your vehicle following conversion, that you contact the Driver Training Program (DTP) of the DORS at 1-800-537-2549 and arrange to have a DTP representative familiarize you with the complete operation of your vehicle and to complete any necessary training. **Drivers new to their adaptive equipment must contact the DTP at 1-800-537-2549 for training and/or licensing.** The instructor's brake system is to be removed upon licensing. The client is responsible for contacting the vendor for removal.

When insuring your vehicle, a copy of this report should be provided to your insurance company to obtain appropriate coverage.

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*Joan Cramer MS, OT/L, CDRS*

September 13, 2018

Joan Cramer, MS, OT/L, CDRS  
Certified Driver Rehabilitation Specialist  
Mobility Center Director  
(203) 630-2208 (203) 634-0341 (fax)

Copies: BRS,

# Manual WHEELCHAIR INFORMATION

ALL DIMENSIONS IN INCHES UNLESS NOTED

Client 21802

Date of Assessment 4/26/18

Make : Permobil

Model: F3

SN         

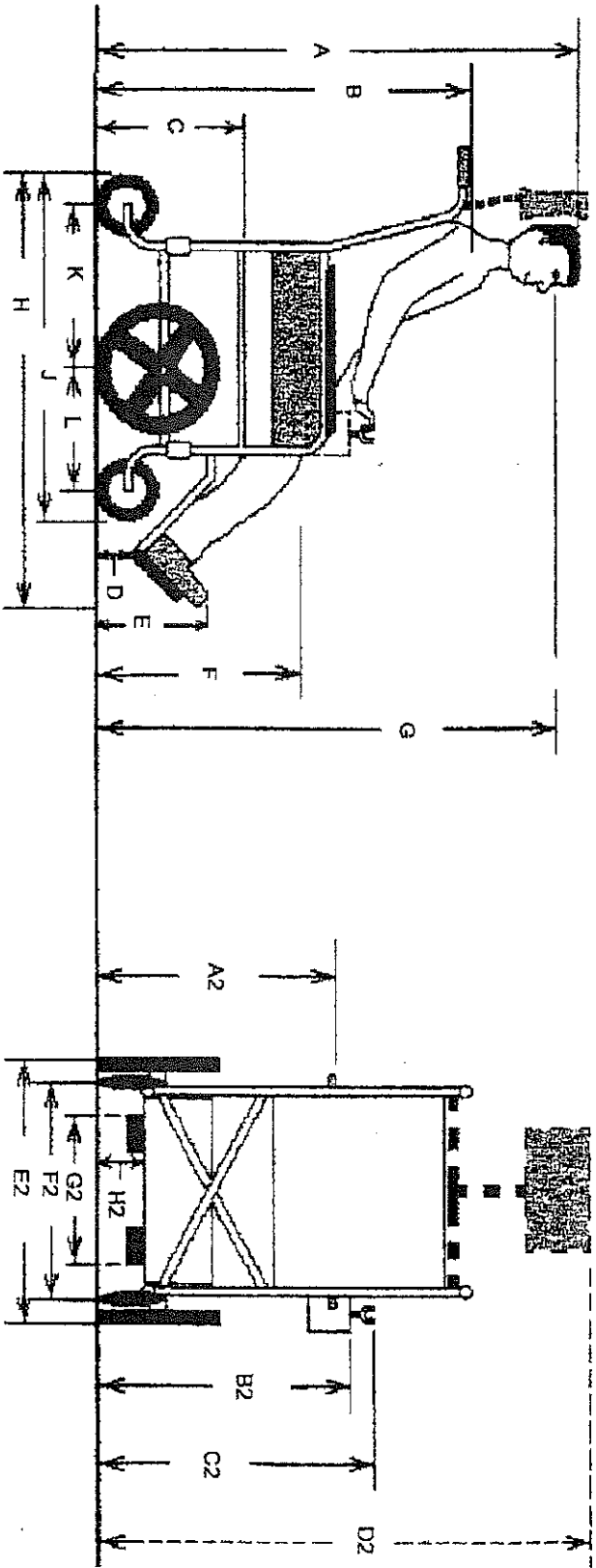
Year Issued: unknown

Weight of chair 375 lbs

Cushion Thickness 4

Type of Footrests (X) Split or ( ) Continuous  
(X) Solid or ( ) Removable

Additional Features (X) Recline (X) Tilt In Space (X) Seat Elevate  
(X) Joystick X Right \_\_\_ Left



A	<u>56 "</u>	D	<u>4"</u>	G	<u>49.5 "</u>	J	<u>        </u>
B	<u>45 "</u>	E	<u>8"</u>	H	<u>48"</u>	K	<u>        </u>
C	<u>22.5"</u>	F	<u>27"</u>	I	<u>        </u>	L	<u>        </u>

A2	<u>30.5"</u>	E2	<u>24"</u>
B2	<u>        </u>	F2	<u>        </u>
C2	<u>31"</u>	G2	<u>        </u>
D2	<u>        </u>	H2	<u>3"</u>

COMMENTS outer knee to knee 15" shoulder width 18" front of foot plate 5.5" independent rolling up ramp in wheelchair