

How can we reduce medical costs for our families, neighbors, state, and our country?

The answer my friends:

Re-use / Recycle / Donate medical equipment!

Kids Mobility Network is our featured organization because to date, they have not turned a single application away!

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DID YOU KNOW? 

Silver Linings Foundation also accepts durable medical equipment donations.

All donors receive a receipt for their donation and donations are 100% tax deductible.

According To Kids Mobility Network:

KIDS MOBILITY MISSION

Kids Mobility Network is a 501(c)3 non-profit organization providing children with disabilities with durable medical equipment such as wheelchairs, walkers and other medical equipment. We operate our organization with caring and integrity.

We value and respect our community, our donors, and the families we serve. We foster an environment to optimize the mobility, safety and independence of children with disabilities to promote personal growth and wellbeing. We believe that all children should have the opportunity to optimize their abilities to safely access and interact in their communities. Through hard work, effective use of adaptive technology, and comprehensive service, Kids Mobility Network is changing the lives of children with disabilities and their families.

Through integrity, caring, and teamwork and leveraging proven business principles, Kids Mobility Network maximizes satisfaction of the families served and strives to maximize community benefit with the donations.

FAMILIES

Kids Mobility Network has a warehouse full of quality medical equipment that is in stock TODAY! If your child does not have adequate equipment that allows him or her to optimize their mobility, independence and safety, please complete an application today so we can help.

Visit our [FAQ's](#) page to get answers to a few common questions or visit our [Testimonials](#) page to review comments from recipients and their families and medical professionals. If you have other questions, please contact us.

Our warehouse is large and we have an inventory that consists of hundreds of pieces of equipment that change continuously. *Please do not call to ask if we have something in stock. [The appropriate process is to complete an application and submit to Kids Mobility Network, which provides us with the information necessary to match the appropriate DME to the applicant.](#)*

- The Kids Mobility Network Application Process
- Download the [Kids Mobility Network Application](#)
- Complete the application in its entirety
- Be sure to provide a letter of medical necessity from the child's doctor or healthcare professional
- Submit the application to Kids Mobility Network
- Someone may contact you to discuss the applicant's needs to help determine the best equipment solution
- Once matched, we'll contact you to arrange a fitting
- At delivery, we ask families to pay a small service fee to help us keep our organization operating. While we give our clients the expensive equipment, the service fee is necessary to cover the expenses of reconditioning, sanitizing, customizing the chair to the applicant's specific needs, and providing a full seating service. For details about our service fees, visit our [FAQ's](#) page.

***** IMPORTANT DETAILS ABOUT SHIPPING EQUIPMENT *****

Kids Mobility Network can ship product to locations in the United States of America (USA). Kids Mobility Network does not ship outside the USA. Because the equipment provided is typically bulky and heavy, shipping logistics can be challenging.

Most items are shipped via freight carrier due to the size and weight. Freight carriers prefer to ship to business addresses with shipping docks that they can back their large trucks. Freight carriers charge very high service charges for delivery to residential addresses, deliveries that require a lift gate, deliveries to limited access addresses, as well as other charges. Typically, this results in shipping fees of several hundred dollars. Furthermore, because Kids Mobility Network utilizes volunteers for operational tasks and currently does not have any warehouse employees, shipping can take several weeks.

An alternative to shipping is to travel to Denver to pick up equipment. We welcome you and your family to visit our offices to get expert seating and positioning, as well as more timely delivery of equipment. Also, it is important to note that airlines by law must accommodate your medical equipment free of charge.

CONTACT US

Thanks for visiting Kids Mobility Network. Please feel free to contact us as indicated below. We welcome your correspondence.

Phone: 303-242-8281

Fax: 1-866-449-8962

[**info@kidsmobility.org**](mailto:info@kidsmobility.org)

[**donate@kidsmobility.org**](mailto:donate@kidsmobility.org)

(Se habla Espanol)

Office Address: (By Appointment Only)

Kids Mobility Network, Inc.
7390 S. Fraser Street, Unit A
Centennial, Colorado 80112

Because we operate primarily through the efforts of volunteers, we do not operate with traditional business hours every day. We strongly recommend contacting us before visiting our office without an appointment to ensure that someone will be there to greet you.

FAQ'S

Who is eligible for receiving equipment under the program?

Kids Mobility Network's mission is to help children attain greater safety, mobility and independence through appropriate durable medical equipment (DME). We feel that our children are our greatest resource as a community. All children are eligible for services.

What DME does Kids Mobility Network provide?

Kids Mobility Network provides a variety of DME including manual wheelchairs, power wheelchairs, walkers, standers, adaptive bikes and other DME. While we focus on the above-mentioned items, we may very well have what you need. We encourage you to include any items on your application.

What is the process for attaining DME?

Simply complete an application ([get it here](#)) and submit to our offices for review. Directions for completing the application are provided with the application. We have not rejected an applicant yet! If you have questions, please feel free to [contact us](#).

If I have insurance or Medicaid, do I still qualify?

Yes. Many of our clients have insurance and/or Medicaid, but still cannot attain the appropriate DME for various reasons. Sometimes co-pays are too high for the family to afford, benefits are exhausted, or sometimes insurance carriers deny certain equipment. Whatever the reason, it doesn't impact your qualification. We do ask that applicants go through their insurance and Medicaid channels first so that we can provide priority to those families that have fewer options.

I have been approved to receive DME through my insurance, but it won't arrive for months. Can Kids Mobility Network help me?

Yes. Due to the nature of the insurance or Medicaid process, sometimes new DME can take a long time to arrive and a need can be unmet for months. Kids Mobility Network is a great resource for you to attain equipment until your new equipment arrives. We work closely with many new DME providers and in such a situation, these providers often will help to fit our equipment to your child as an interim solution. Be sure to ask your DME provider if they work with Kids Mobility Network.

Is used DME safe?

The DME provided by Kids Mobility Network is very safe. Durable medical equipment is just that – durable. Since children outgrow equipment rather quickly, we find that most of the equipment we receive is lightly used and in very good condition with just a few scratches! Each piece of DME placed by Kids Mobility Network goes through a rigorous reconditioning and is sanitized, safety checked, then matched to the appropriate applicant. Any piece of equipment that we receive that is deemed unsafe is disposed of immediately.

I know that DME is very expensive, how much will this cost me?

DME is very expensive, however, the equipment that we provide has been donated by families such as yours. While we give away our equipment, our costs are the handling and reconditioning of the equipment, which is less expensive than purchasing DME, but still expensive to process. We ask that families pay a small service fee to help us with the costs of operating our organization. Kids Mobility Network is very expensive to operate with facility costs, reconditioning expenses, and processing expenses to name just a few. The service fees are:

- Miscellaneous DME – \$200
- Walker – \$150
- Gait Trainer – \$200
- Stander – \$200
- Manual Wheelchair – \$200
- Power Wheelchair – \$500 (plus battery cost when necessary)
- Adaptive Bike – \$200

At one time, we offered scholarships to cover service fees for families that were unable to pay the service fee, however, we no longer have a partner funding this program.

How can I donate my used DME to Kids Mobility Network?

Simply give us a call at 303-242-8281 to arrange a time to drop the equipment at our Centennial office location. Like most non-profit organizations, we do not currently offer a pick-up service due to lack of staffing. While we are usually at the office, we recommend a call to ensure that someone is there to receive your donation.

I really support your cause; can I make a monetary donation?

Yes. Kids Mobility Network is a non-profit organization that operates on the generous donations of individuals and organizations. Your donation is 100% tax deductible.

[Learn more about donating to Kids Mobility Network](#)

A second way to support Kids Mobility Network is to attend our fundraising events.

[Learn more about upcoming events](#)

STORIES OF OUR KIDS

Below are just a few examples of how Kids Mobility Network has helped children in Colorado to attain the necessary durable medical equipment to safely access their community and enhance their lives.

Here's a recent touching story on 9News about one of Kids Mobility Network's friends. Kids Mobility Network provided the wheelchair in the video.

While the situations differ, the results are the same!

Each child served at Kids Mobility Network has unique situations that limit their ability to attain the appropriate durable medical equipment. Kids Mobility Network is changing the ending of their stories, however, and the children tell the entire story with their smiles!

Gait Trainer Placement

Djimon is an eight-year-old boy with Cerebral Palsy. He was recently adopted by his Aunt and Uncle. He will soon be a Medicaid client, however, is waiting for approval. Djimon had outgrown his previous gait trainer and was no longer able to enjoy the independence that such a device provides.

Kids Mobility Network provided a Bronco gait trainer for Djimon. He now can safely play in the driveway with his siblings again. His smile tells the story!

Gait Trainer Placement

Aidan is a two-year-old boy with Cerebral Palsy. His family is insured, but has a very high co-pay for durable medical equipment. Aidan's therapist felt that it was time for him to get up on his feet and suggested a gait trainer that had extensive support to provide a safe environment for weight bearing.

Kids Mobility Network provided Aidan with a Rifton Pacer gait trainer with all supports. Aidan is now gaining greater trunk strength and has gained independence. He has gained greater mobility, which allows him to better interact with his brothers.

Wheelchair Placement

Nicole is an adorable seven-year-old girl with Cerebral Palsy. Nicole had outgrown her previous wheelchair. The family turned to Kids Mobility Network. Kids Mobility Network provided Nicole not only with the wheelchair pictured here, but also a very high-tech Mulholland gait trainer.

Wheelchair Placement

Ronnie is an eight-year-old boy with Cerebral Palsy. The family had extensive delays in getting approval for a new wheelchair from their primary health insurance carrier. While working hard to get an approval, Ronnie outgrew his wheelchair and required a larger wheelchair for safety. He went months without a wheelchair.

Kids Mobility Network provided Ronnie with a manual Quickie wheelchair. After four months, he received his new wheelchair and the family donated this chair back to Kids Mobility Network for another child's future benefit.

Ronnie's mother wrote, "This chair is much more stable and wouldn't have been possible if we hadn't found Kids Mobility Network."

Adaptive Tricycle Placement

Alex is a four-year-old boy with limited use and control of his legs. His family requested a therapeutic tricycle to build strength in his legs and hips, and allow him to ride bikes with his sister.

Kids Mobility Network provided an adaptive tricycle that requires considerably less coordination than a traditional bicycle, which allows Alex to ride bikes with his sister, while increasing strength and coordination in his legs and hips. It is important to note that Ronnie's family donated the tricycle that Alex received.

Wheelchair Placement

Jesus is a twelve-year-old boy that lost his right leg to cancer. His family has very limited options for helping their son. The family is an undocumented family without health insurance.

Kids Mobility Network provided a manual Quickie wheelchair for the family at no cost to them. The wheelchair provides Jesus the opportunity to get out of the house and independently access his community.

Do you know a child that can benefit?

Kids Mobility Network is dedicated to helping children attain the durable medical equipment that is so critical to their development. If you know any child that requires additional durable medical equipment to advance his or her development, we want to help.

[Learn more about how you can help Kids Mobility to help more Kids!](#)



Application Instructions

The purpose of this document is for Kids Mobility Network, Inc. to learn more about the potential recipient (“Recipient”) of durable medical equipment (“DME”), which may be provided by Kids Mobility Network, Inc. The information provided in this application is important to properly assess the needs of Recipient and to establish a preliminary match between our Recipients and our inventory of DME. Please answer all questions thoroughly to provide us with the best information possible.

For consideration, please complete this application entirely. Along with the application, all applicants should include any of the following that are available and appropriate:

- A note from physician or medical professional confirming diagnosis and stating medical need for specific durable medical equipment
- A copy of insurance card or proof of Medicaid coverage and any denials for DME

Upon completion of the application please submit to Kids Mobility Network, Inc. via one of the following three methods (any method is acceptable):

- Email to applications@kidsmobility.org or Fax to 1-866-449-8962
- or Mail to: Kids Mobility Network, Inc.
7390 S. Fraser Street, Unit A
Centennial, Colorado 80112

Kids Mobility Network asks each family to make a donation at the time they receive DME. Reconditioning DME is very expensive. Donations help Kids Mobility Network sustain its operations to continue to help families.

Suggested donations for DME to help with costs of storage, reconditioning & placement:

- | | |
|----------------------------|----------------------------------------------------|
| • Walker: \$150 | • Miscellaneous DME: \$200 |
| • Gait Trainer: \$200 | • Power Wheelchair: \$500 (plus cost of batteries) |
| • Stander: \$200 | • Adaptive Bike: \$200 |
| • Manual Wheelchair: \$200 | |

For assistance with completing this application, please call Kids Mobility Network, Inc. at 303-242-8281.

IMPORTANT NOTE:

IT IS THE POLICY OF KIDS MOBILITY NETWORK, INC. TO STRICTLY MAINTAIN THE CONFIDENTIALITY AND SECURITY OF ALL PERSONAL AND MEDICAL INFORMATION. KIDS MOBILITY NETWORK WILL USE THE PERSONAL AND MEDICAL INFORMATION WHICH HAS BEEN VOLUNTARILY PROVIDED IN THIS APPLICATION, ONLY TO ASSIST IN ACQUIRING REQUESTED PRODUCTS, SERVICES AND/OR BENEFITS. KIDS MOBILITY NETWORK WILL NOT SHARE NAMES OR OTHER INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION UNLESS IT IS NECESSARY TO ACQUIRE A REQUESTED PRODUCT, SERVICE OR BENEFIT.



PERSONAL INFORMATION FOR RECIPIENT

Date of Application: _____ Phone: (____) _____

Recipient's Name: _____ Male Female

Recipient's Address: _____

Recipient's City, State, Zip: _____

Recipient's County: _____ Do you speak English? Yes No

Recipient's Age: _____ Number of people living in Recipient's Home: _____

Social Security #: _____ - _____ - _____ Yearly Family Income*: \$ _____

* Kids Mobility Network, Inc. may request written verification of income.

Parents/Legal Guardians: _____

Relationship to Recipient: _____ Do you speak English? Yes No

Street Address: _____

City, State, Zip: _____

Phone: (____) _____ Email: _____

Phone2: (____) _____ Phone3: (____) _____

How did you hear of Kids Mobility Network? _____

Referring organization (if applicable): _____

Type of durable medical equipment requested:

Walker Gait Trainer Manual Wheelchair Tilt Wheelchair Power Wheelchair

Stander Adaptive Bike Other Equipment _____



INSURANCE, MEDICAL & EMPLOYMENT INFORMATION

Medical Insurance Carrier: _____

Street Address: _____

City, State, Zip: _____

Phone: (____) _____ Contact person: _____

Does Recipient have Medicaid coverage? Yes No Medicaid #: _____

Is there any other form of medical coverage? Yes No (If so complete below)

Other Coverage Provider: _____



Parent/Legal Guardian Employer: _____

Street Address: _____

City, State, Zip: _____

Phone: (____) _____ Contact person: _____



Primary Diagnosis: _____

Other Diagnoses: _____

Primary Care Physician: _____ Phone: (____) _____

Rehab Doctor: _____ Phone: (____) _____

Orthopedic Doctor: _____ Phone: (____) _____

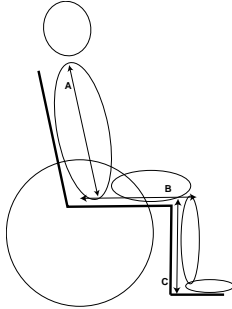
PT or OT Therapist: _____ Phone: (____) _____

Current Equipment Provider: Numotion National Seating & Mobility Other

Have you received care at HealthOne/Rocky Mountain Hospital for Children? Yes

DURABLE MEDICAL EQUIPMENT QUESTIONNAIRE

The following information is designed to provide the necessary information required to properly fit Recipient with the appropriate equipment. Please complete to the best of your knowledge. If you have any questions, please contact us at 303-242-8281.



Please Provide the Following Measurements for Recipient:

- Recipient's Overall Height: _____
- Recipient's Weight: _____
- Width of Hips (from outside to outside)*: _____
- Trunk Height (A)**: _____
- Seat Depth (B)***: _____
- Lower Leg Length (C)****: _____
- Inseam: _____

* *Width of Hips is the space between recipient's hips while seated. To measure, place a piece of cardboard on each side of recipient's hips and record the distance between them.*

** *Trunk height is measured from top of shoulder to bottom of butt while sitting.*

*** *Seat Depth is measured as the back of the knees to the lower back while sitting.*

**** *Lower Leg Length is measured from the bottom of the thigh to the bottom of the heel.*

Does Recipient have trouble with any of the following:

- | | | | | | |
|----------------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|
| Tremors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Head control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vision loss or blurring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hand numbness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of his/her right hand? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Impaired judgment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of his/her left hand? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pressure Sores? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Impaired trunk strength? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hand coordination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compromised Circulation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Boney Prominence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Requires supports to sit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Incontinence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Can Recipient propel a manual wheelchair? Independently with difficulty No

Can Recipient operate a power joystick? Right hand Left hand Other method

Does Recipient need help with transfers (moving from place to place)? Yes No

If yes, does Recipient need help Sometimes or All or most of the time

Does Recipient have a caregiver? Yes No

Will Recipient be using the mobility device (check all that apply):

- | | |
|------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Inside a home or apartment? | <input type="checkbox"/> Outside a home or apartment? |
| <input type="checkbox"/> For travel? | <input type="checkbox"/> For work? |

Are there steps to enter the Recipient's Home? Yes No - If yes, how many? _____

Is there a ramp available at the Recipient's Home? Yes No

If no, does Recipient require a ramp? Yes No



Please list the width of the following doorways. To measure accurately, open the door to 90 degrees and measure from the face of the door to the doorstop.

Main entrance (front) _____ Main entrance (back) _____

Garage entrance _____ Bedroom door _____

Bathroom door _____

Does Recipient currently use any DME or assistive devices? Yes No

Type: _____ Brand/Model: _____

Type: _____ Brand/Model: _____

Type: _____ Brand/Model: _____

Does Recipient plan to transport the received DME in his/her vehicle? Yes No

If yes, what is the year, make, and model of the vehicle?

Year _____ Make _____ Model _____

If yes, will assistance be required in loading it? Yes No

Please explain assistance required: _____

Does Recipient plan to use accessible public transportation/school bus? Yes No

Please explain Recipient's DME status, goals, and any other important information:

Please feel free to provide additional information with this application as necessary.



DME TERMS AND CONDITIONS AGREEMENT FORM

By my signature below, I (Recipient or Parent/Legal Guardian for minors) acknowledge that I understand and agree:

1. That Kids Mobility Network, Inc. is not obligated to provide any or all of the DME that have been requested. Kids Mobility Network, Inc. retains the right to make the final determination on which equipment to distribute.
2. That some DME is restricted to size and weight, therefore Kids Mobility Network, Inc. is neither responsible nor liable for fitting the requested equipment to distribute.
3. That many of the pieces of DME provided by Kids Mobility Network is used and may have been reconditioned with parts and pieces not provided by the original equipment manufacturer.
4. That upon receipt of any DME, I will inspect the equipment and notify Kids Mobility Network, Inc. of any problems or damage that may have occurred prior to my receipt of the DME.
5. That I will release, hold harmless, and discharge Kids Mobility Network, Inc., its agents, officers, employees, affiliates, and all other persons, firms, associations and corporations of and from any and all actions, claims and demands which Recipient may now have, or may later have on account of injuries to Recipient or damages to any property arising out of an accident, casualty or occurrence which may happen through the use of misuse of DME provided by Kids Mobility Network, Inc.
6. That the DME upon delivery to Recipient will become the sole responsibility of Recipient, and that all maintenance, repairs and replacements (such as batteries) are the sole responsibility of Recipient.
7. That the personal and medical information that I have voluntarily provided to Kids Mobility Network, Inc. may be used or shared for the sole purpose of acquiring the product, service or benefit I have requested. I understand Kids Mobility Network's policy is to strictly maintain the confidentiality and security of all personal information, however sharing is sometimes necessary.
8. I have read, understood and agreed with each of the terms and descriptions as stated above.

Recipient's Parent or Legal Guardian

Signature: _____ Date: _____

Printed Name: _____