

Medically Dependent Children Program  
**Adaptive Aids — Van Lift Provider Bid**

- **Bids submitted on another form must contain the same elements as this form.**
- **All bids must be dated and signed.**
- **Questions 1 through 4 listed below must be completed by the bidder before submission.**
- **If the request is a replacement, the bid must include documentation for an evaluation for repair.**

Client Name		Client Address	
Bidder Name/Agency			
Bidder Address			Area Code and Telephone No. (       )       -
Vehicle Make	Vehicle Model	Vehicle Model Year	Vehicle Mileage

1. Does client/family **own** vehicle? .....  Yes     No  
 Owner Name/Telephone No. \_\_\_\_\_  
 If vehicle is **leased**, does client/family have signed documentation from owner approving a vehicle modification? .....  Yes     No

2. Document type of wheelchair client will be using with the requested van lift:  
 \_\_\_\_\_

3. Describe what is being currently used to transport the wheelchair:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Was the vehicle inspected by bidder to verify suspension capabilities? .....  Yes     No

List all items, parts and/or accessories needed for installation below (attach additional sheets as needed):

Item/Description	Product No.	Manufacturer	Cost

Comments:

**Installation/Labor:** \_\_\_\_\_  
**Subtotal:** \_\_\_\_\_  
**Total:** \_\_\_\_\_  
**Labor/Warranty:** \_\_\_\_\_ **years**  
**Item/Warranty:** \_\_\_\_\_ **years**

**By signing below, the bidder is stating that this van modification/lift bid complies with the requirements under the Americans with Disabilities Act (ADA) and Texas Accessibility Standards.**

Bidder Completing Form (Print Name)	Signature of Bidder	Date
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