



**FORM 1 PARTICIPANT WHEELCHAIR LIFT AND TRANSFER PLAN**

**Participant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Wheelchair type:** \_\_\_\_\_

**Please Check One:**       Weight Bearing       Non Weight Bearing       Other: \_\_\_\_\_

List step-by-step directions for the following:

**Chair to Chair Transfer:**

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**Chair to Pool Transfer:**

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**Chair to Bathroom Transfer:**

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**Chair to Ground Transfer:**

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**Other details you would like the staff to know:**

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**Person completing the form:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_