**FWM Wheelchair Program**

**ORGANIZATION + COUNTRY**

**Organization Overview:**

It is important for FWM to understand your organization and the work that you do. Please provide the following information:

|  |
| --- |
| Organization’s Mission Statement: |
|  |

|  |
| --- |
| List all of the organization’s current projects/programs: |
|  |

|  |
| --- |
| How many containers of donated supplies (Gift in Kind/GIK) do you receive and import each year (not including FWM containers)? |
|  |

|  |
| --- |
| What language(s) are spoken at your organization? |
|  |

**Program Staff, Volunteers, & Partner Organizations:**

It is important for FWM to know who is implementing the program and with whom to communicate.

Complete the tables below with the person/organization responsible for the different parts of the wheelchair program. This is a list of common roles that make up an FWM wheelchair program:

* Main Point of Contact/ Major Partnership Communication
* Orders wheelchairs
* Manages shipments
* Manages Sub-Distribution Partners & Overall Wheelchair Program
* Trains distribution network
* Ensures distributions meet FWM standards
* Completes FWM Reports
* Manages warehouse & quality control reporting
* Manages wheelchair database
* Collects photos/stories for FWM

***Staff***

Please list the staff who work with the wheelchair program. Please

indicate if they are a medical professional in the credential section.

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Name** | **Staff Title/Credentials** | **Staff Email** | **Wheelchair Program Role/**  **Responsibilities** |
|  |  |  | * Main Point of Contact |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Important Communication Notes (Staff):**

***Key Volunteers:***

Please list any volunteers who work consistently for the wheelchair program. Please indicate if they are a medical professional.

|  |  |  |  |
| --- | --- | --- | --- |
| **Volunteer Name** | **Volunteer Credentials** | **Volunteer Email** | **Wheelchair Program Role/**  **Responsibilities** |
|  |  |  |  |
|  |  |  |  |

**Important Communication Notes (Volunteers):**

***Sub-Distribution Partners:***

Please list all the organizations that will partner with your organization to provide the FWM wheelchairs. Add as many lines as you need.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name** | **City/Province** | **Notes (e.g. Type of organization, training, etc.)** | **Estimated Percent of wheelchairs** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Referrals/Partners:***

If someone will be unsafe in an FWM wheelchair or require a different kind of assistance, we would like to know where you refer them. If you do not do referrals, please put an “X”.

|  |  |  |
| --- | --- | --- |
| **Referral Type:** | **Organization(s)** | **Notes** |
| Other Types of Wheelchairs, Mobility Aids |  |  |
| Pressure Sores |  |  |
|  |  |  |

**Pre-Distribution Plan:**

***Storage***

1. Does your organization own or lease a warehouse to store FWM wheelchairs?

Own

Lease

If neither, please explain:

1. Is your warehouse located on campus?

Yes

No

1. What size is the warehouse?
2. Does the warehouse hold donated or purchased supplies other than FWM wheelchairs?

Yes

No

If yes, please describe:

1. Is there a full-time staff member that manages the warehouse and its inventory?

Yes

No

If no, please describe how the warehouse and inventory are managed:

**Training:**

1. How do you decide who to train in your distribution network?
2. What materials do you use to train your network? (Attach a copy of your current application)
3. Who trains your network? What education/training have they had?
4. What language(s) do you need FWM materials translated into (for wheelchair users and for staff/volunteers)?

**Distribution Plan:**

***Events/Logistics***

1. How many containers of wheelchairs can you import and distribute per year?
2. How long does it take you to distribute one full container of FWM wheelchairs (440-550 wheelchairs)?
3. What type of Wheelchair Distributions do you host? Please provide an estimated percentage for all that apply:

|  |  |
| --- | --- |
| **Estimated Percentage** | **Type of Event** |
| % | Small events (less than 20 recipients) |
| % | Large events (more than 20 recipients) |
| % | Home to Home visits |
| % | Clinic environment (one-on-one appointments) |
| % | Only Transport Wheelchairs (Not for personal use) |
| % | Other: |

1. How do you plan distribution events?
   1. Where do you hold distributions?
   2. What do you bring to the distributions?
   3. How do you get the wheelchairs to the distribution location?
   4. What does the agenda look like for a distribution?
2. Who manages the distributions?

***Process***

Provide an overview of the wheelchair distribution process. Include which individual and/or organization completes each step. Fill out the questions below or provide a narrative/process.

1. How do you receive wheelchair requests?
2. How do you determine who needs a wheelchair out of all the requests?
3. How do you decide which sub-distribution partner(s) gets wheelchairs?
4. What will you do if someone needs a wheelchair, but the FWM wheelchair is not right for them?
5. How do you manage the program to ensure that all wheelchairs are provided to FWM Standards?
6. How will the wheelchair get to the person’s home after the distribution?
7. How do you give the Christian message? (if applicable)

**Post Distribution Plan:**

1. How do you keep track of everyone who receives a wheelchair?
2. What populations do you most commonly serve? (e.g. geographic location, age, gender, types of medical diagnosis)
3. How do you manage wheelchair maintenance/spare parts requests?
4. How do you collect quality control (QC) issues to report to FWM?

**Please share any other important information:**