

EVALUATOR QUESTIONS

VEHICLE STORAGE FACILITY & GROUND CLEARANCE MEASUREMENTS

1. Will the individual receive a new chair or scooter?

Yes, Discontinue Until New Chair is Received No

2. Does the wheelchair user need assistance to be pushed up the van's ramp in his/her manual chair into the riding position?

Yes No, Continue directly to #4

3. If yes in #2, can the caregiver assist the wheelchair user up and down the van's ramp?

Yes No, Select Van With Lift in Final Recommendations

4. Does the wheelchair user need to recline in the front passenger seat after transferring to the van seat or riding in his/her wheelchair for a medical condition?

Yes, Choose Van With "In Floor (Northstar)" Option in Final Recommendations
 No

Notes for the Evaluator:

- The electronic securement system ONLY works with power chairs or rigid manual chairs. It will not work with folding chairs or scooters.
- When an electronic securement system is used, a bracket must also be attached to the individual's rigid manual or power chair.
- A scooter CANNOT be used to safely transport the Wheelchair User in a converted van. For this reason, a rigid manual or power chair must be purchased if the individual is unable to transfer with minimum or no assistance from their caregiver.
- Vehicle must be parked on a level surface for the ramp to properly deploy.
- Parking on the street to enter or exit a wheelchair accessible vehicle is NEVER recommended.
- Vehicle storage measurements may impact final van selection.

See Vehicle Storage Measurements section on EVALUATION GUIDE page.

		CHRYSLER / DODGE		HONDA ODYSSEY		TOYOTA SIENNA	
		In Floor Northstar	Fold Out Summit	In Floor Northstar	Fold Out Summit	In Floor Northstar	Fold Out Summit
HEIGHT OF VEHICLE STORAGE FACILITY	greater than 5' 8.9"	✓	✓	✓	✓	✓	✓
	5' 8.9" to 5' 8.4"	✓	✓	✓	✓	✗	✗
	5' 8.4" to 5' 7.9"	✓	✓	✗	✗	✗	✗
	less than 5' 7.9"	✗	✗	✗	✗	✗	✗
LENGTH OF VEHICLE STORAGE FACILITY	greater than 16' 10.8"	✓	✓	✓	✓	✓	✓
	16' 10.8" to 16' 8.2"	✓	✗	✓	✓	✓	✓
	less than 16' 8.2"	✗	✗	✗	✗	✓	✓
MINIMUM GROUND CLEARANCE	less than 5"	✓	✓	✓	✓	✓	✓
	5" to 5.5"	✓	✓	✗	✗	✓	✓
	greater than 5.5"	✗	✗	✗	✗	✗	✗

✓ van available for this measurement ✗ van not available for this measurement

Wheelchair User Information

Name: _____ Phone: _____

Address: _____

Caregiver(s): _____

Wheelchair User Questions

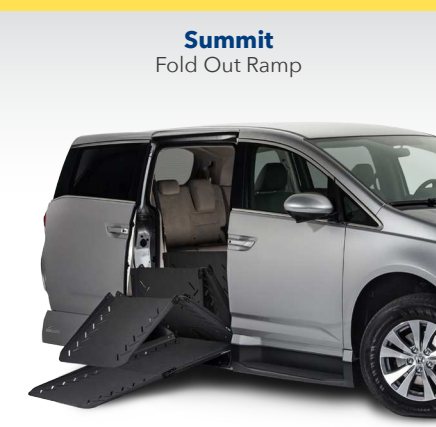
- Where do you live?
 - Detached Home Condominium Townhouse Apartment
- Is ground clearance a potential challenge in your daily driving experience?
 - Yes No
- Where will you park your new vehicle?
 - Garage Carport Parking Garage Street
- What type of assistive device do you have?
 - Powerchair Manual Chair Scooter
- Please list make and model of assistive device:

Make: _____ Model: _____
- How many people will be riding in van other than caregiver? _____

Vehicle Storage Measurements

Min. Ground Clearance: _____ Height of Storage Facility: _____

Length of Storage Facility: _____ Width of Storage Facility: _____

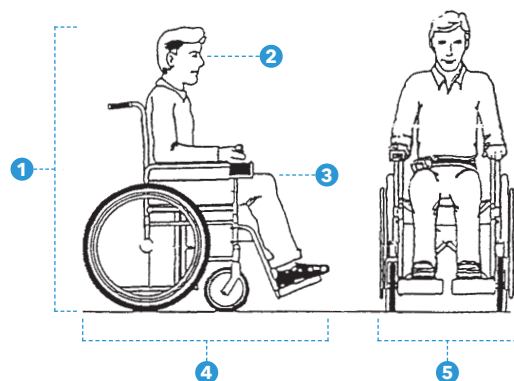


Additional Adaptive Equipment

	YES*	NO
1. Can the caregiver bend over and attach 4 restraints to chair?	<input type="checkbox"/>	<input type="checkbox"/>
2. The caregiver CANNOT bend over to attach manual restraints to chair AND the wheelchair user has a rigid manual or power chair?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the wheelchair user a bariatric client who needs a seatbelt extension?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the caregiver UNABLE to easily secure the seatbelt around the wheelchair user?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the caregiver require a Grab Bar mounted inside the van for safe access in and out of the driver's door?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the caregiver require a Step to get into the van?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the wheelchair user require a Chest Strap for inhibiting lateral and forward movement?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the wheelchair user able to transfer with no or minimum assistance from the caregiver?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the wheelchair user have a diagnosis of quadriplegia, SCI, or MS?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the wheelchair user require an oxygen tank holder mounted inside of the van?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does the wheelchair user have a colostomy bag?	<input type="checkbox"/>	<input type="checkbox"/>

If any questions are answered "yes," complete section III on FINAL RECOMMENDATIONS.

Measure in a Normal Seated Position



- 1 Height of Wheelchair User + Chair (with cushion): _____
- 2 Eye Level: _____ 3 Knee Height: _____
- 4 Overall Length: _____ 5 Chair Base Width: _____
- 6 Weight of Wheelchair User + Chair: _____

FINAL RECOMMENDATIONS FOR VAN CONVERSION

I. Determination of Minivan with Van Conversion

- Chrysler/Dodge with:
- In Floor (Northstar) conversion Fold Out (Summit) conversion
- Honda Odyssey with:
- In Floor (Northstar) conversion Fold Out (Summit) conversion
- Toyota Sienna with:
- In Floor (Northstar) conversion Fold Out (Summit) conversion
- Requires a Lift instead of a van conversion

II. Location of the Wheelchair User and Chair in the Van

- Middle (Midship) Passenger Both Midship & Passenger
- Is able to transfer rather than be transported in chair

III. Additional Adaptive Equipment*

*Reference previous page - Additional Adaptive Equipment section

1. Retractable or Manual Tie-Down System 7. Chest Strap
2. Electronic Securement System 8. Transfer Seat
3. Seatbelt Extension (Bariatric) 9. Remote Start
4. Rigid Seatbelt Extension 10. O2 Tank Holder
5. Grab Bar Installed 11. Rubberized Flooring
6. Step Flares
- Other (Please Describe): _____

IV. Discontinue Purchase of Van at Current Time Due To

- Will be evaluated for new chair
- Waiting for a new chair
- Will need a lift versus a van conversion (ramp lift system)
- Unable to enter or exit van safely in current parking situation
- Other (Please Describe): _____

*Note: If the wheelchair user is supplying the minivan to be converted, certain restrictions apply. Please contact VMI at 855-VMI-VANS (864-8267) for restrictions and questions.

Evaluator Name: _____

Title: _____ Date: _____

Wheelchair User Name: _____ Date: _____



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RAMP VAN OPTION INDIVIDUAL AND CHAIR MEASUREMENTS

		CHRYSLER / DODGE		HONDA ODYSSEY		TOYOTA SIENNA	
		In Floor Northstar	Fold Out Summit	In Floor Northstar	Fold Out Summit	In Floor Northstar	Fold Out Summit
WIDEST POINT OF THE WHEELCHAIR USER'S CHAIR	less than or equal to 29.5"	✓	✓	✓	✓	✓	✓
	greater than 29.5"	✗	✗	✗	✗	✗	✗
WEIGHT OF INDIVIDUAL AND WHEELCHAIR COMBINED	less than or equal to 600 lbs	✓	✓	✓	✓	✓	✓
	600 lbs to 750 lbs	✓	✗	✓	✗	✓	✓
	751 lbs to 800 lbs	✓	✗	✓	✗	✓	✗
	greater than 800 lbs	✗	✗	✗	✗	✗	✗
VAN INSIDE HEIGHT	less than 57.63"	✓	✓	✓	✓	✓	✓
	57.63" to 60"	✗	✗	✓	✓	✓	✓
	60.1" to 61.8"	✗	✗	✗	✗	✓	✓
	greater than 61.8"	✗	✗	✗	✗	✗	✗
HEIGHT OF WHEELCHAIR USER + CHAIR (with cushion) VAN DOOR HEIGHT	less than 54.3"	✓	✓	✓	✓	✓	✓
	54.3" to 55"	✓	*	✓	✓	✓	✓
	55.1" to 57"	*	*	*	*	✓	✓
	greater than 57"	*	*	*	*	*	*

✓ van available for this measurement

✗ van not available for this measurement

* wheelchair user may fit if able to flex neck