



# TOYOTA MOBILITY

## ASSISTANCE PROGRAM

**Supports the mobility needs of Toyota owners and/or family members with physical disabilities.**

### PROGRAM ELEMENTS INCLUDE:

#### ► **Toyota Mobility Assistance**

Provides new or wheelchair-accessible converted Toyota retail vehicle buyers/lessees\* with a cash reimbursement of up to \$1,000 (paid directly to the retail buyer) to help offset expenses incurred for the following:

- Purchase and/or installation of qualifying adaptive mobility equipment
- Vehicle conversion required for wheelchair accessibility. This offer applies only to new and/or wheelchair-accessible converted mobility vehicles with less than 799 miles.
- Retail purchase of the Toyota Sienna equipped with the factory-installed Auto Access Seat. Note: The \$1,000 Toyota Mobility Assistance will be automatically processed based upon the new vehicle sales record submitted by the Toyota dealer and will be paid directly to the retail buyer.

Refer to the attached guidelines and reimbursement application form for detailed requirements; maximum \$1,000 per vehicle ID number (VIN).

#### ► **Comprehensive Mobility Resource Information**

Available at [www.toyotamobility.com](http://www.toyotamobility.com). Includes lists of mobility equipment dealers and installers, by state.

#### ► **Toyota Financial Services<sup>†</sup> Mobility Financing**

Available upon credit approval, through Toyota Financial Services and participating Toyota dealers. Provides flexible, extended-term financing for persons with physical disabilities or their families, for purchasing a **new** Toyota vehicle with the installed adaptive equipment (including installation costs). Please contact your local participating Toyota dealer for details.

## A PROVEN PROCESS FOR GAINING FREEDOM ON THE ROAD

Toyota supports the U.S. Department of Transportation's recommended process, which is detailed in the brochure "Adapting Motor Vehicles for People with Disabilities." Copies are available by calling (888) 327-4236 or at [www.nhtsa.gov](http://www.nhtsa.gov). The process includes these steps:

### 1. **Determine your state's driver's license requirements**

### 2. **Evaluate your needs**

Contact a mobility equipment dealer in your area to identify the adaptive equipment most suited to your needs.

### 3. **Select the right vehicle**

Consult with your evaluator, an adaptive equipment installer and your local Toyota dealer to determine the best Toyota model to meet your needs.

### 4. **Choose a qualified mobility equipment installer**

Shop around and ask about qualifications, capabilities, experience, warranty coverage and service. Confirm they are members of the National Mobility Equipment Dealers Association (NMEDA) or another organization that has established vehicle conversion standards.

### 5. **Obtain training on the use of the new equipment**

When this process is complete, follow the guidelines and complete and submit the attached application for assistance to recover up to \$1,000 of the cost of your adaptive equipment and/or conversion.

**\* Subject to advance written lessor approval. Note: Not all leasing companies will approve the installation of adaptive equipment, so be sure to check and obtain written approval first.**

<sup>†</sup> Toyota Financial Services is a service mark used by Toyota Motor Credit Corporation.



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### GUIDELINES

Toyota Motor Sales, U.S.A., Inc. will provide a cash reimbursement of up to \$1,000 to each eligible, original retail customer, for the exact cost they paid to purchase and/or install qualifying adaptive driving or passenger equipment for transporting persons with physical disabilities.\* This offer applies to all purchased or leased **new** Toyota vehicles, including the Sienna with factory-installed Auto Access Seat. **Leased vehicles require advance written lessor approval of adaptive equipment installations.\*\***

- ▶ Only **new** vehicles sold or leased and delivered to a retail customer by an authorized Toyota Motor Sales, U.S.A., Inc. dealer are eligible for reimbursement. New Toyota mobility vehicles converted for wheelchair access with less than 799 miles qualify for reimbursement. Fleet incentive recipients and Commercial entities are not eligible for Mobility Assistance.
- ▶ Reimbursement not to exceed \$1,000 per qualifying Vehicle Identification Number (VIN).
- ▶ If you are the purchaser of a Sienna minivan with the factory-installed Auto Access Seat (AAS), a reimbursement form is not required. This is automatically processed on your behalf.
- ▶ The adaptive equipment must be purchased and installed within 12 months of vehicle purchase or lease. A Reimbursement Application Form must be submitted to the Toyota Customer Experience Center within 90 days of complete installation of adaptive equipment.

**Note:** Toyota will reimburse the labor cost and required materials for transferring existing equipment from a used vehicle to a new Toyota. Toyota recommends the transfer be performed by an NMEDA Dealer with Quality Assurance Program (QAP) certification. Refer to [www.NMEDA.org](http://www.NMEDA.org) for information on QAP certified dealers.

- ▶ Qualifying adaptive equipment or conversion is defined as any aftermarket alteration or equipment installation on an eligible Toyota vehicle that provides the disabled user convenient access and/or the ability to drive the vehicle. Equipment installed must be within vehicle weight limits and any hitch-mounted device must be within hitch load and tongue weight limits as detailed in the vehicle's Owner's Manual and on [www.toyotamobility.com](http://www.toyotamobility.com).
- ▶ A prescription or note from a licensed medical doctor on physician's letterhead is required for reimbursement, except as noted on page 3. For some adaptations, such as hand controls, no medical note or prescription is required. Modifications not listed on this application but represent obvious mobility adaptations must have written documentation from a licensed medical doctor describing the customer's disability/limitation. Toyota dealer-installed accessories are not reimbursable under the Toyota Mobility Assistance Program. For pedal extender reimbursement, the customer must be medically diagnosed with a physical condition. **Questions about other adaptations should be directed to the Toyota Customer Experience Center at (800) 331-4331.**
- ▶ To obtain reimbursement, the Reimbursement Application Form must be completed in its entirety then signed by the customer and the selling dealership. It should be mailed along with a copy of the vehicle sales or lease agreement, the adaptive equipment company's paid invoice showing payment by the vehicle owner,\* a Lessor Letter of Authorization (for leased vehicles\*\*) and a prescription or note from a licensed medical doctor on physician's letterhead (when required) to the following address:

**TOYOTA CUSTOMER EXPERIENCE CENTER  
MAIL DROP WC10  
19001 S. WESTERN AVENUE  
TORRANCE, CA 90501**

Payment to the individual Mobility Assistance Program customer will be mailed within 6–8 weeks after receipt of an approved claim form and all required documentation.

Please call the Toyota Customer Experience Center with any questions:

**(800) 331-4331 or (800) 443-4999-TTY**

\* Reimbursement will not be made in cases where the equipment and/or installation is being paid for or reimbursed by another source.

\*\* Note: If leasing through Toyota Financial Services, TFS will provide only an authorization letter for the following types of adaptive equipment: hand controls, left foot accelerator, wheelchair/scooter lift and turning automotive seating. Call the TFS Lessor Loyalty team at (800) 286-0652 and ask for form DMS 6622.

# Eligible Mobility Adaptations for Drivers/Passengers

**Toyota dealer-installed accessories are not reimbursable under the Toyota Mobility Assistance Program.**

The following adaptations would be considered obvious mobility adaptations and, as such, do not require a doctor's note, or completion of the LICENSED MEDICAL DOCTOR VALIDATION section of the Reimbursement Application Form or other documentation, to qualify for reimbursement.

## Vehicle Entry and Exit

- Assist Handles
- Automatic Door and Lift Controls
- Automatic Door Opener
- Hoist or Lifter-type products to store scooters, manual wheelchairs and power wheelchairs in the trunk, hatch or side-door opening. Examples: Scooter Lift,<sup>TM</sup> Curb-Sider,<sup>TM</sup> EZ In and Out.<sup>TM</sup>
- Mobility Ramps<sup>1</sup>
- Powered Running Board Lift
- Power Rotating and/or Lifting Seats
- Swivel Seats
- Transfer Seat
- Vinyl Seat Covers (front seating area only)

## Driver Position

- Driving Consoles for Relocation of Secondary Controls
- Elbow Switches
- Gear Selector Lever for Left Hand
- Power Channels/Power Pan
- Rear Wheel Tie-Down
- Seat Base, Detachable<sup>2</sup>
- Turn Signal Lever for Right Hand
- Wheelchair Tie-Down and/or Lockdown System

## Steering System

- Adaptive Steering Devices
- Amputee Ring
- Flat Spinner
- Foot Control Steering
- Horizontal Steering
- Quad-Grip with Pin
- Spinner Knob

## Steering System (cont.)

- Steering Column Extension
- Steering System — Emergency Back-Up
- Steering System — Reduced Effort
- Tri-Pin
- U-Grip

## Brake/Accelerator Systems

- Brakes — Reduced Effort
- Emergency Back-Up Brake System
- Floor-Mounted Push/Pull Control
- Foot Pedal Extension<sup>1</sup>
- Hand Controls
- Left Foot Accelerator
- Parking Brake — Electric
- Parking Brake — Extension Lever
- Servo-Assisted Controls

## Brake/Accelerator/Steering Systems

- Joystick Driving Systems

## Other Vehicle Modifications

- Center Console Relocation
- Companion Seat
- Hitch-Mounted Wheelchair or Scooter Carrier<sup>3</sup>
- Inverter Installation
- Quad Key Holder/Turner
- Transfer Board
- Wheelchair Carrier on Top of Vehicle

Running boards and trailer hitches are reimbursable **only if** they are **not** available to order as a factory option or as a Toyota Accessory.

**Note: Toyota cannot be responsible for the quality, safety or efficiency of adaptive equipment supplied by others. Consumers should obtain complete information and references prior to purchasing such devices and having a vehicle adapted.**

<sup>1</sup> A doctor's note documenting a physical condition **is required** in order to obtain reimbursement.

<sup>2</sup> Toyota Mobility WILL NOT REIMBURSE FOR SEAT RELOCATION.

<sup>3</sup> Provide brand, model and weight of scooter or wheelchair. **Toyota Mobility will not reimburse for hitch loads greater than specified maximum tongue weight.**

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### REIMBURSEMENT APPLICATION FORM

#### NEW VEHICLE MUST BE ADAPTED WITHIN 12 MONTHS OF DELIVERY DATE

Application must be completed and submitted within 90 days of vehicle adaptation by original vehicle purchaser.\*

#### ORIGINAL RETAIL CUSTOMER AND VEHICLE INFORMATION

(PLEASE PRINT OR TYPE)

Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_  
\_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Customer Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### ADAPTIVE EQUIPMENT SUMMARY

LIST ALL ADAPTIVE EQUIPMENT INSTALLED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Toyota Vehicle Mileage: \_\_\_\_\_

Date of Adaptation/Conversion Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Actual Cost: \$ \_\_\_\_\_

Amount of Reimbursement Request:\*\* \$ \_\_\_\_\_

[\$1,000 Maximum Available for each Vehicle ID Number (VIN).]

**A COPY OF THE PAID RECEIPT(S) DETAILING THE ADAPTIVE EQUIPMENT/CONVERSION AND COSTS MUST BE ATTACHED TO THIS CLAIM FORM.**

#### TOYOTA DEALERSHIP INFORMATION AND CERTIFICATION

(MUST BE COMPLETED BY THE SELLING DEALERSHIP)

Dealership Name: \_\_\_\_\_

Dealer Code: \_\_\_\_\_

**I HAVE EXAMINED THE ELIGIBLE VEHICLE IDENTIFIED ABOVE, AND IT IS EQUIPPED WITH THE ADAPTIVE MOBILITY EQUIPMENT DESCRIBED ON THE ATTACHED RECEIPT(S).**

Toyota Dealer Authorized Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Authorized Signature: \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_

#### HAVE YOU PROVIDED:

- Copy of Vehicle Sales or Lease Agreement with Proof of Payment
- Copy of Invoice Detailing Mobility Modifications or Equipment Installed
- Proof of Customer Payment in Full for Modifications or Equipment
- All Signatures (including customer name, address and VIN)
- Lessor Letter of Authorization (for leased vehicles)
- Licensed Medical Doctor Validation on Physician's Letterhead (when required)



**If you are seeking reimbursement under the Mobility Assistance Program for lowered-floor wheelchair accessible Sienna conversions by BraunAbility, Vantage Mobility International (VMI) or EIDorado National, do not use this application: Your Mobility Dealer will submit a claim on your behalf. This form is not required for factory solutions such as the Sienna with Auto Access Seat.**

\* This form is not required for the Sienna with Auto Access Seat factory installations; reimbursements will be automatically processed based upon the new vehicle sales record.

\*\* Reimbursement will not be made in cases where the equipment and/or installation is being paid for or reimbursed by another source.

Toyota Motor Sales, U.S.A., Inc. does not assume responsibility for the quality, safety or efficiency of adaptive equipment or installation, and cannot guarantee that such modifications comply with applicable government safety standards.

KEEP A COPY OF ALL DOCUMENTS FOR YOUR FILE AND MAIL COPIES OF RECEIPTS WITH THIS APPLICATION TO:  
**TOYOTA CUSTOMER EXPERIENCE CENTER, WC10  
19001 S. WESTERN AVENUE, TORRANCE, CA 90501**

TOYOTA MOTOR SALES, U.S.A., INC. RESERVES THE RIGHT TO MODIFY OR TERMINATE THIS PROGRAM WITHOUT NOTICE.