



## MOBILITY ASSISTANCE PROGRAM

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

### PROGRAM ELEMENTS INCLUDE:

#### ■ **Lexus Mobility Assistance**

Provides new or wheelchair-accessible converted Lexus retail vehicle buyers 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.

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.lexus.com/mobility](http://www.lexus.com/mobility) and [www.nmeda.org](http://www.nmeda.org).

#### ■ **Lexus Financial Services<sup>†</sup> Mobility Financing**

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

### A PROVEN PROCESS FOR GAINING FREEDOM ON THE ROAD

Lexus 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 Lexus dealer to determine the best Lexus 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>Lexus Financial Services is a service mark used by Toyota Motor Credit Corporation.



# MOBILITY ASSISTANCE PROGRAM

## GUIDELINES

Lexus 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** Lexus vehicles. **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 Lexus dealer are eligible for reimbursement under this program. Fleet incentive recipients are not eligible to participate in this program. Excludes mobility vehicles converted for wheelchair access with less than 799 miles.
- Reimbursement not to exceed \$1,000 per qualifying Vehicle Identification Number (VIN).
- The adaptive equipment must be purchased and installed within 12 months of vehicle purchase or lease. A Reimbursement Application Form must be submitted to Lexus Customer Satisfaction within 90 days of complete installation of adaptive equipment.

**Note:** Lexus will reimburse the labor cost and required materials for transferring existing equipment from a used vehicle to a new Lexus. Lexus recommends the transfer be performed by an NMEDA Dealer with 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 Lexus 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 identified in the vehicle's Owner's Manual and on [www.lexus.com/mobility](http://www.lexus.com/mobility).
- A prescription or note from a licensed medical doctor on physician's letterhead is required for reimbursement, except as noted on page 3. For a limited number of adaptations, such as hand controls, no medical note or prescription is required. Any modifications not listed on this application as an obvious mobility adaptation must have a written document from a licensed medical doctor describing the customer's disability/limitation. Lexus dealer-installed accessories are not reimbursable under the Lexus 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 Lexus Customer Satisfaction at (800) 255-3987.**

- To obtain reimbursement, the Reimbursement Application Form must be completed in its entirety and 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:

**LEXUS CUSTOMER SATISFACTION  
MAIL DROP L201  
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 Lexus Customer Satisfaction with any questions:  
**(800) 255-3987 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 Lexus Financial Services, LFS 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.

# ELIGIBLE MOBILITY ADAPTATIONS FOR DRIVERS/PASSENGERS

Lexus dealer-installed accessories are not reimbursable under the Lexus 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 into the rear 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
- Transfer Seat
- Turning Automotive Seating<sup>TM</sup>
  - Lift-Up<sup>TM</sup> Seats
  - Swivel seats and Swivel power-out-and-down seating
- 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

## Steering System (cont.)

- Quad-Grip with Pin
- Spinner Knob
- Steering Column Extension
- Steering System – Emergency Back-Up
- Steering System – Reduced and Zero 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 or Mobility Seat<sup>TM</sup>
- Hitch-Mounted Wheelchair Carrier, including Bruno Exterior Lift Solution<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 Lexus Accessory.

**Note: Lexus 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> Lexus Mobility WILL NOT REIMBURSE FOR SEAT RELOCATION.

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



# MOBILITY ASSISTANCE PROGRAM

## 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

### LEXUS 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).

Lexus Dealer Authorized Signature: \_\_\_\_\_

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

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

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

Lexus 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.

LEXUS RESERVES THE RIGHT TO MODIFY OR TERMINATE THIS PROGRAM WITHOUT NOTICE.

### ADAPTIVE EQUIPMENT SUMMARY

LIST ALL ADAPTIVE EQUIPMENT INSTALLED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Lexus 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.

### HAVE YOU PROVIDED:

- Copy of Vehicle Sales or Lease Agreement
- 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)

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

KEEP A COPY OF ALL DOCUMENTS FOR YOUR FILE AND MAIL COPIES OF RECEIPTS WITH THIS APPLICATION TO:

**LEXUS CUSTOMER SATISFACTION, L201  
19001 S. WESTERN AVENUE, TORRANCE, CA 90501**