VARIETY FREEDOM GRANT APPLICATION

Variety - the Children's Charity of Wisconsin provides funding to allow children with special needs to obtain mobility or other enabling equipment (i.e. adaptive bicycles, walking systems, wheelchairs, standers, adaptive strollers, lifts, ramps, communication devices) and life-enriching services (i.e. adaptive swimming lessons, adaptive driving lessons, therapeutic dance/music/art lessons, specialty camps, equine-assisted therapy, social skills classes). We help provide items and services that are not covered by insurance or other funding sources, and that help promote health and participation in the community. Applicants must reside in Wisconsin and be 21 years of age or younger.

Instructions

The submission of an application must include the items outlined on the Checklist. Applications are reviewed year round. Application and supporting documents can be emailed to contact@varietywi.org

Date of Application: _____ Date Received by Variety: _____

Equipment or Service Requested: _____

Child's Name: _____ Gender _____ Child's Date of Birth: _____

Child's Diagnosis/Special Need: _____

Child's Race/Ethnicity (for demographic purposes only):

❑ White/Caucasian ❑ Black/African American ❑ Hispanic or Latino
❑ Native American or American Indian ❑ Asian/Pacific Islander ❑ Other _____

Parent/Legal Guardian Name(s): _____

Relation to Child: _____

Address: _____

Email: _____

Phone Number: (Cell) _____ (Home) _____

Child's Health Insurance (primary and secondary) _____

Referred to Variety By: _____

Has this child received assistance from Variety in the past? If so, please explain.

_____

_____

Please list below any professionals that can provide helpful information to assist with this request. By doing so, you consent to Variety contacting them for information if needed (i.e. Physician, County Service Coordinator, Therapist: Physical, Occupational, Speech, etc.)

NAME OF PROFESSIONAL, TITLE AGENCY PHONE EMAIL

Please provide a brief description in the space provided of the child's situation, and the benefit the requested equipment/service will provide.

Cost of requested equipment/service: _____

How much is family able to contribute toward the cost of the requested equipment/service? _____

INCOME WORKSHEET

Household/Family Yearly Gross Income: _____

Please include all sources of income for all members of the household (i.e. wages, rental income, pension, social security/SSI/SSDI, unemployment compensation, child support, alimony)

Number of People in Household/Family: _____

1. Parent/Legal Guardian Name, Occupation & Place of Employment:

_____

2. Parent/Legal Guardian Name, Occupation & Place of Employment:

_____

The child/family currently receives:

☐ Children's Long-Term Support (CLTS, waiver program)
☐ Family Care
☐ Medical Assistance
☐ FoodShare
☐ Benefits for Veterans
☐ Other public assistance _____
☐ Other funding sources _____

I understand that if my financial situation changes prior to the allocation of funds, I must notify Variety - the Children's Charity of Wisconsin immediately. I attest that all the information provided is true and accurate.

_____

Parent/Legal Guardian Name *Signature* *Date*

_____

Parent/Legal Guardian Name *Signature* *Date*

Signature is required of <u>all</u> parent(s)/legal guardian(s).

RELEASE OF LIABILITY

In consideration of the receipt of mobility equipment awarded by Variety - the Children's Charity, _____, (the Recipient thereof), him/herself or through his/her parent or legal guardian, hereby releases and forever discharges **Variety - the Children's Charity of Wisconsin, Variety - the Children's Charity International, and Variety - the Children's Charity of the United States**, **their members, employees and officers (hereafter collectively referred to as "Variety")** from and against any and all claims, of any type, which arise from or are related to:

1) any alleged malfunction of or defect in the enabling equipment;

2) any allegation that the mobility equipment was not appropriate or suitable for the Recipient;

3) any other matter, of any type, related, in any way, to the Recipient's receipt or use of the equipment, or participation of a service.

Parent/Legal Guardian Name	*Signature*	*Date*
Parent/Legal Guardian Name	*Signature*	*Date*

Signature is required of <u>all</u> parent(s)/legal guardian(s).

I (We) stipulate that the information included in this application is true to the best of my (our) knowledge. Further, I (we) understand that the presence of inaccurate information in this application could result in the need for the re-evaluation of this application on the part of Variety - the Children's Charity of Wisconsin.

Parent/Legal Guardian Name	*Signature*	*Date*
Parent/Legal Guardian Name	*Signature*	*Date*

Signature is required of <u>all</u> parent(s)/legal guardian(s).

DISCLAIMER

The mission of Variety is to provide mobility equipment and life-enriching services for children with special needs who reside in Wisconsin and who are 21 years of age and younger. The equipment we provide carries no warranty from Variety and its use, even in the event of malfunction resulting in injury, gives rise to no liability on the part of Variety. Variety is merely a funding source. Variety is in no way responsible for reclaiming, disposing of, maintaining or repairing equipment. It is the sole responsibility of the Recipient's legal guardian(s) to maintain, repair and/or dispose of the equipment. Any other costs that may be associated with the equipment such as installation, delivery, labor, disposal, etc. that are not explicitly stated on the application are the sole responsibility of the Recipient's legal guardian(s). All installations of ramps, lifts, stair glides, electrical supplies, etc. must be in compliance with applicable building codes. Variety is in no way responsible for ensuring compliance with any codes.

Before disbursement of any funds to purchase equipment, the legal guardian(s) of the Recipient must have this form signed, witnessed by a non-family member, and returned to Variety.

I _____ _____
(Legal Guardian's Name) *(Legal Guardian's Signature)*

am the Legal Guardian of _____.
(Recipient's Name printed)

I have read and fully understand and agree to the above Disclaimer.

I _____ _____
(Legal Guardian's Name) *(Legal Guardian's Signature)*

am the Legal Guardian of _____.
(Recipient's Name printed)

I have read and fully understand and agree to the above Disclaimer.

This document has been witnessed by

_____on this date _____.
(Name) *(Date Signed)*

AUTHORIZATION TO USE NAME AND LIKENESS

The Recipient and his/her parent(s) or legal guardian(s) hereby acknowledge and agree that acceptance of the mobility equipment or service from Variety may result in publicity. The Recipient and his/her parent(s) or legal guardian(s) hereby irrevocably authorize Variety: (a) to publicize and use the Recipient's likeness, voice and features, with or without his/her name, for any publication, promotion, trade or business use, or any other purpose; (b) to photograph, videotape, film and record each Recipient in any manner Variety chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the Recipient, his/her parent(s) or legal guardian(s) and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, radio stations; (d) to publicize, now or in the future, the name of the Recipient including information regarding his/her physical condition and details regarding the enabling equipment received from Variety.

The Recipient and his/her parents or legal guardian agrees that it is not necessary for Variety or anyone else to contact them prior to releasing any information authorized by this document. The Recipient and his/her parents or legal guardian hereby releases Variety from and against any and all claims, of any type, which arise from or are related to Variety's use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding the Recipient and the award from Variety.

Parent/Legal Guardian Name	*Signature*	*Date*
Parent/Legal Guardian Name	*Signature*	*Date*

Signature is required of all parent(s)/legal guardian(s).

(Please note that your signature is not required on this form for the application to be considered by Variety - the Children's Charity. ***However, we do require photos of your child with their awarded equipment or service.*** *Please note that we will only publish photos of children authorized by families signing this release form. Other photos will be kept confidential. However, these photos enhance our fundraising efforts to secure additional funding from corporate sponsors, individuals, and community foundations to help children with disabilities and to continue our programs. Thank you.)*

VARIETY FREEDOM GRANT APPLICATION - ELIGIBILITY CHECKLIST

Application will not be reviewed until all required information has been submitted.

- ❑ The applicant child must be 21 years old or younger.
- ❑ The applicant child must reside in the State of Wisconsin.
- ❑ The applicant must have a physical, developmental, intellectual, or sensory disability documented by a physician.
- ❑ All applicants must submit a completed Variety Freedom Grant Application.
- ❑ All applicants must submit a completed Variety Registration Form (this can be found online at: https://www.varietywi.org/get-help/variety-registration-form/)
- ❑ All applicants must submit a letter of medical justification from a MD, physical therapist, or occupational therapist indicating that the equipment/service is medically appropriate and therapeutic for the child. Letter(s) should clearly specify your child's need for the equipment/service requested and benefits of use. This letter should also state if the child has successfully trialed the equipment/service. Please include as much detail as possible regarding the necessary adaptations, measurements taken, or other pertinent information. The letter must provide the professional's email address, phone number, and mailing address.
- ❑ Copy of determination letter (letter of denial) from relevant insurance company, Medicaid, or Waiver program. A DENIAL LETTER IS NOT REQUIRED BY INSURANCE FOR ADAPTIVE BIKES OR RAMPS; however, if the child is enrolled in the waiver, a denial letter provided by the waiver must be submitted with the application.
- ❑ Detailed quote from supplier/provider of the requested equipment/service including the total cost. Equipment quotes must include all additional components necessary to make the piece of equipment fit for your child. Please contact Variety if you need assistance finding a supplier/provider.
- ❑ Picture of the child.