



KIDS ON THE GO APPLICATION FOR FUNDING

- Your child's physical therapist, social worker, or other professional who works closely with your child can help you fill out this application.
- Please keep a scan or photocopy of your completed application and all items stated in the checklist for your own records.
- Please email the completed application and all supporting documents from the checklist to carol.fusco@varietytn.org or mail to Variety at, 101 E. Blount Ave., Knoxville, TN 37920. Incomplete applications will not be reviewed.
- Please contact Variety at 865-925-9906 if you have any questions.

Date: _____

Person completing this application: _____ Email _____

Phone _____ Cell _____ Relation to the child _____

Health care professional working with child: _____

Phone _____ Title _____ Email _____

Child's name: _____ Child's age and birth date: _____

Child's diagnosis: _____

Type of equipment requesting: _____

Name of parent(s)/legal guardian(s) & relationship: _____

Parent/Guardian's e-mail address: _____

Parent/Guardian's Phone _____ Work _____ Cell _____

Home address: _____

Number of dependents in the child's family including applicant: _____

Do you have health insurance? _____ If so, please list _____

Has the family ever received assistance from Variety in the past? If so, when and in what form?

Please indicate income level of family:

Below \$20,000 \$21,000-\$50,000 \$51,000-\$75,000 \$76,000-\$100,000 \$100,000-\$200,000 Over \$200,000

Please provide total monthly expenses: \$ _____

\$ _____ Rent/Mortgage \$ _____ Utility Bills \$ _____ Medical \$ _____ Misc. Living \$ _____

Please provide a description of the child and family's situation, and why the family is asking for Variety's help. (You may attach an additional sheet if more space is needed.)

Signature is required of 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.

Signature of Parent/Legal Guardian Date

KIDS ON THE GO! PROGRAM APPLICATION CHECKLIST

The following items **must** be included with your application:

- Letter(s) of verification from professionals (therapist, doctor, social worker) who are most familiar with your child's needs. This letter should clearly specify your child's needs for the equipment requested and benefits of use. Please include as much detail as possible and provide a professional's e-mail address, phone number and mailing address.
- A prescription for the equipment from the child's doctor with hospital name, phone number and address.
- Copy of insurance denial or limitation of coverage for the item being requested. *This is not required for trikes.*
- Two detailed, itemized quotes/invoices from suppliers (on suppliers' letterhead) that state the equipment, all additional components necessary to make the equipment a perfect fit for your child, and total cost. *Please note, payments will be made directly to the supplier. Variety will not reimburse families for previously purchased equipment.*
- Submit a recent photo of your child with request.
- Completed Releases (Name-Likelihood use, Release of Liability, Disclaimer)

If funding is approved, we request photos of the child with equipment within one month of receiving.

Please submit via e-mail to carol.fusco@varietytn.org.



Disclaimer

One mission of Variety is to help purchase enabling equipment related to mobility (wheelchairs, van lifts, house ramps, adaptive car seats & strollers, specially equipped bicycles & tricycles, stairlifts and other items) for children, 19 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 or his/her 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 or his/her 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 recipient or his/her legal guardian(s) must have this form signed, witnessed by a non-family member, and returned to Variety.

I _____
(Legal Guardian's Name Printed) (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 Printed) (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.



Authorization to Use Name and Likeness

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of the mobility equipment from Variety may result in publicity. The Recipient and his/her parents or legal guardian hereby irrevocably authorize Variety: (a) to publicize and use the Recipient's likeness, voice, features and picture, 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 parents or legal guardian 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 mobility equipment received from Variety.

The Recipient and his/her parents or legal guardian agree 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 release 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

Date

Parent/Legal Guardian

Date

(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. Please note that we will only publish photos of children authorized by families signing the 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 special needs and to continue our programs. Thank you.)