

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 mail the completed application and all checklist items to Variety,
 101 E. Blount Ave., Knoxville, TN 37920, or email to patty.thewes@varietytn.org
 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 ch	nild:				
PhoneOccup	ation				
Child's name:		Child's age and birth da	ate:		
Child's diagnosis:					
Name of parent(s)/legal guardian(s) & re	lationship:				
Parent/Guardian's e-mail address:					
Parent/Guardian's Phone					
Home address:					
Number of dependents in the child's fam	ily:				
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 +			

\$K	ent/Mortgage \$	Utility Bills \$	Medical \$	Misc. Living \$
		•		
Please prov	ride a description of	the child and family's	situation, and why	the family is asking for
/ariety's he	lp. (You may attach	an additional sheet i	f more space is nee	eded.)
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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 withyour 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 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 and secondary wheelchairs.
- Two <u>detailed</u>, <u>itemized</u> quotes from suppliers that state the equipment, all additional components necessary to make the equipment a perfect fit for your child, and total cost.
- Completed Releases (Name-Likeliness use, Release of Liability, Disclaimer)

If funding is approved, we request photos of child with equipment within one month of receiving. Please submit via e-mail to patty.thewes@varietytn.org



Release of Liability

In consideration of the receipt of certain mobility equipment donated 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 Eastern Tennessee, 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 mobility 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 mobility equipment.					
Parent/Legal Guardian Date					
Parent/Legal Guardian Date (Signature is required of all legal guardians.)					
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.					
David Harval O. and Far					
Parent/Legal Guardian Date					
Parantil and Cuardian Pata					
Parent/Legal Guardian Date (Signature is required of all legal guardians.)					



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.

l (Legal Guardian's Name Printed)	(Legal Guardian's Signature)				
am the Legal Guardian of	Name Printed)				
I have read and fully understand and agree to the above Disclaimer.					
(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 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	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.)