Variety KC Communication Application (Assisted Technology)

INSTRUCTIONS & MISSION STATEMENT

This is the application to use if you seek a gift of communication/assistive technology.

Variety KC helps area children, 21 and younger, with physical and cognitive disabilities. Our goal is to increase their participation with others through communication. We do this by providing communication equipment, which families cannot afford or obtain through sources such as insurance, to children in need.

You can apply for this gift every two (2) years.

If you choose to download the PDF, please mail application with supporting documents to:

Variety of Greater Kansas City P.O. Box 3446 Shawnee, KS 66203 (913) 558-2309

What You Need for this Application:

To submit this application, you must provide the following:

- Information about All Communication Device(s) and Accessories from Vendor/Retailer (include tax and shipping)
- Photo of child
- Medical Insurance Provider and Insurance ID number, and Copy of Medical Insurance ID card
- Letter from a professional or physician recommending the equipment
- Two paragraphs of information to be used for the Variety KC blog to educate our donors, community, and volunteers. This might be your child's story of how they are overcoming challenges and adversity, or simply things you want people to know about your amazing child. Please include how this equipment will enhance your child's life and your family's lives.
- Signed Release of Liability, Disclaimer, and Authorization to Use Name and Likeness
- Address all items as stated in the application that are required for appropriate communication device(s) and accessories being requested

Date of Application *			
Communication Device(s) that you are requesting *			
Accessories that you are requesting *			
Example: iPad generation and specifications, screen protector, protective cover, carrying case, protection plan, iTunes cards, headphones, etc.			
Total Amount for the Communication Device(s) and accessories that you're requesting *			
Total Amount for the Communication Device(s) and accessories from Variety that you're requesting *			

Vendor/Retailer that is Providing Communication Device(s) and Accesso	ries *
Example: Apple Store, Walmart, Best Buy, etc.	
Upload Information about All Communication Device(s) and accessories	from Vendor/Retailer (include tax and shipping): *
Upload or drag files here.	
Example: Quotes, Shopping Wish List, or Screenshots of exact items you're requesting.	
Child's Name *	Child's Age *
Child's Birthday *	
Photo of Child *	
Upload or drag files here.	
Child's Ethnicity * White (Not Hispanic or Latino/a) Native Hawaiian or Othe American Indian or Native Alaskan (Not Hispanic or Latino/a) Black or African American (Not Hispanic or Latino/a)) Hispanic or Latino/a
Who has legal custody of the child? *	
who has legal custody of the child:	Relationship to the Child *
Child's Address *	Child's County of Residence * ○ Jackson ○ Johnson ○ Platte
	Clay Wyandotte Other
State •	
Parent/Guardian Email *	
Cell Phone * Home Phone	Work Phone
Father's Occupation and Place of Employment	Mother's Occupation and Place of Employment
Own Home: (Please check one) Yes No	

Please indicate the number of dependants in the child's family:
Please read and answer the next few questions, this will help us to understand WHO your child is and not just the condition they have. If you were to help educate others, what would you say about your child and their disability? What can you say to help other parents to know about your child when they meet or see them for the first time?
Medical Diagnosis/Nature of Disability: *
Share two paragraphs of information to be used for the Variety KC blog to educate our donors, community, and volunteers. This might be your child's story of how they are overcoming challenges and adversity, or simply things you want people to know about your amazing child. Please include how this equipment will enhance your child's life and your family's lives. *
If you have applied to other funding sources for this piece of equipment, please list below.
If yes, please list:
if yes, pieuse list.
Has your family ever received assistance from Variety in the past? * Yes No Maybe
Would you be a part of an onsite presentation to show sponsors/donors the gift and opportunity to meet your child? *
☐ Yes ☐ No ☐ Maybe
Will you participate in free Variety events offered to your family during the year? ★ ☐ Yes ☐ No ☐ Maybe
What events/activities do you want to see Variety do?
Will you follow Variety KC on Facebook? @VarietyKC * Yes No Maybe
https://www.facebook.com/varietykc/
Will you follow Variety KC on Twitter? @VarietyKC *
Yes No Maybe
Follow @VarietyKC
Will you follow Variety KC on Instagram? @varietychildrenscharity * Yes No Maybe
Follow @varietychildrenscharity
Healthcare Information
I give permission to Variety KC to request funds, on our behalf, from other funding sources. ★ ○ Yes ○ No

Medical Insurance Provider	Insurance ID number			
Please attach copy of Medical Insurance ID card *				
Upload or drag files here.				
Letter from a professional or physician recommending the equipment *				
Upload or drag files here.				

Release of Liability

In consideration of the receipt of certain enabling 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 Greater Kansas City, 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 enabling 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 enabling equipment;
- 4. Any lost or stolen enabling equipment.

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 Greater Kansas City – Tent 8.

Parent/Legal Guardian Date (Signature is required of ALL legal guardians) *			
Name of Second Parent/Legal Guardian:			
Name of Third Parent/Legal Guardian:			

Disclaimer

The mission of Variety is to help purchase enabling equipment (wheelchairs, van lifts, house ramps, adaptive car seats & strollers, specially-equipped bicycles & tricycles, stairlifts and other items) and assistive technology and communication devices for children, 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.

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5/2020	Variety KC Communication Application (Ass	sisted Technology) - Entries
I am the Legal Guardian of this C	hild *	
I have read and fully understand	and agree to the above Disclaimer. *	
Authorization to U	se Name and Likeness	
equipment (wheelchairs, van stairlifts and other items) and Recipient and his/her parents likeness, voice and features, purpose; (b) to photograph, v convey or otherwise distribute guardian and that said materinewspapers, television, radio regarding his/her physical conhis/her parents or legal guardian and against any and all	with or without his/her name, for any publication ideotape, film and record each Recipient in any e, now or in the future, any such material involvial may be distributed to anyone, for any purpositations; (d) to publicize, now or in the future, and ition and details regarding the enabling equiplian agrees that it is not necessary for Variety or this document. The Recipient and his/her pare	rs, specially-equipped bicycles & tricycles, ces from Variety may result in publicity. The variety: (a) to publicize and use the Recipient's on, promotion, trade or business use, or any other y manner Variety chooses; (c) to copyright, wing the Recipient, his/her parents or legal se, including the general public, magazines, the name of the Recipient including information of the received from Variety. The Recipient and or anyone else to contact them prior to releasing ents or legal guardian hereby releases Variety ated to Variety's use, distribution or disclosure of
Children's Charity. Howeve will only publish photos of confidential. However, thes	children authorized by families signing this e photos enhance our fundraising efforts to	neir awarded equipment. Please note that we release form. Other photos will be kept
I have read and fully understand	the Disclaimer above: *	