

# Variety KC Mobility Application

## INSTRUCTIONS & MISSION STATEMENT

*This is the application to use if you are seeking equipment related to mobility and inclusion.*

Variety KC's Mobility Program provides mobility equipment to help children to participate in their communities and with others. Must be 21 years of age or younger and live in the Greater KC area.

We do this by providing mobility equipment, which families cannot afford or obtain through sources such as insurance, to children and young adults in need.

This includes equipment such as wheelchairs, van lifts, house ramps, adaptive car seats and strollers, adaptive bicycles/tricycles, stairlifts, walkers and more.

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:

The submission of an application must include the following for consideration by Variety:

- Vendor/Supplier Quote(s) for Equipment being requested with Equipment Specifications (including total price, tax and shipping)
- Photo of child
- Medical Insurance Provider and Insurance ID number, and Copy of Medical Insurance ID card
- A letter from a professional or physician recommending this equipment for your child
- Signed Release of Liability, Disclaimer, and Authorization to Use Name and Likeness
- 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.
- Address all items as stated in the application that are required for appropriate mobility equipment being requested

### Date of Application \*



### Mobility Equipment that you are requesting \*

### Total Amount for the Equipment that you are requesting (including tax and shipping) \*

### Total Amount for the Equipment from Variety that you are requesting (including tax and shipping) \*

### Vendor/Supplier Providing Equipment \*

Upload Quote(s) from Vendor/Supplier \*

If requesting a bike, please indicate your child's favorite color.

Upload

or drag files here.

[Empty text box for favorite color]

Child's Name \*

Child's Age \*

[Empty text box for child's name]

[Empty text box for child's age]

[Empty text box for child's age]

Child's Birthday \*

Child's Height \*

Child's Weight \*

[Empty text box for birthday]



[Empty text box for height]

[Empty text box for weight]

Photo of Child \*

Upload

or drag files here.

Child's Ethnicity \*

- White (Not Hispanic or Latino/a)  Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino/a)
- American Indian or Native Alaskan (Not Hispanic or Latino/a)  Hispanic or Latino/a
- Black or African American (Not Hispanic or Latino/a)  Two or More Races

Who has legal custody of the child? \*

Relationship to the Child \*

[Empty text box for legal custody]

[Empty text box for relationship]

[Empty text box for legal custody]

Child's Address \*

Child's County of Residence \*

[Empty text box for address line 1]

- Jackson  Johnson  Platte  Clay
- Wyandotte  Other

[Empty text box for address line 2]

[Empty text box for address line 3]

State



[Empty text box for address line 4]

Parent/Guardian Email \*

[Empty text box for email]

Cell Phone \*

Home Phone

Work Phone

[Empty text box for cell phone]

[Empty text box for home phone]

[Empty text box for work phone]

Father's Occupation and Place of Employment

Mother's Occupation and Place of Employment

[Empty text box for father's occupation]

[Empty text box for mother's occupation]

Own Home: (Please check one)

- Yes  No

Please indicate the number of dependants in the child's family:

[Empty text box for number of dependants]

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. \*

**Has your family ever received assistance from Variety in the past? \***

Yes  No  Maybe

**If yes, please list:**

**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 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 \***



or drag files here.

Please attach a letter from a professional or physician recommending this equipment for your child. \*

Upload

or drag files here.

If you have applied to other funding sources for this piece of equipment, please list below.

Please provide any additional information that might clarify your child's need for enabling equipment and the family's inability to obtain these items.

## 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: Any alleged malfunction of or defect in the enabling equipment;

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.

I am the Legal Guardian of this Child \*

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

## Authorization to Use Name and Likeness

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of the 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 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 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 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 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.

***(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 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.)***

I have read and fully understand the Disclaimer above: \*