

# Variety KC My Medical Equipment Application

## Who is Variety KC?

At Variety KC, our goal is to create a world where all kids can Be Active, Be Social, and Belong. We remove mobility and communication barriers by providing the necessary equipment and devices for any child in need.

Variety KC's mission is to be the most trusted and effective children's charity in the world, delivering every child equality and a future without limits. Variety KC was established 90 years ago in 1934, and we are the only non-profit in the Kansas City, Missouri area that provides mobility and communications equipment to children with all types of disabilities. Any type of special need is accepted, whether physical or cognitive.

## What is Variety KC's My Mobility Program?

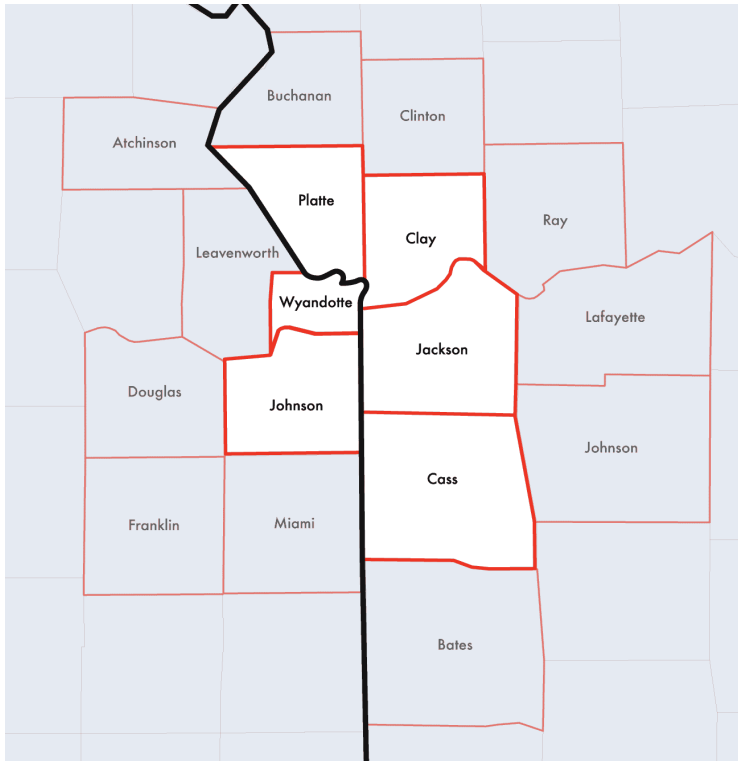
Variety KC's Mobility Program covers medical equipment that has been denied or not covered by insurance. Examples include wheelchairs, walkers, bikes, trikes, strollers, orthotics, prosthetics, hearing aids, car seats, bath chairs, and more. If you do not see something that your doctor thinks your child would benefit from, please apply and Variety KC will review.

## Who can apply?

To qualify, your child must be 21 years of age or younger and live in the Greater Kansas City area.

## What area is covered?

Variety KC covers the 6-county Kansas City metropolitan area, which includes Johnson and Wyandotte Counties in Kansas, and Jackson, Platte, Cass, and Clay Counties in Missouri. Variety KC will also take into consideration those counties that surround this 6-county region. If you live outside that region, you can apply and see if it is approved. If you live in a county not pictured on our map, you should reach out to [US Variety at usvariety.org](mailto:USVariety@usvariety.org) for assistance.



## What do I need for this application?

To be considered a complete application, the submission must include ALL the following documents.

- A Letter from a physician or other medical professional (e.g., Case Manager, member of the child's therapy team, etc.) recommending the specific piece of equipment for the child.
- Vendor/Supplier Quote(s) for equipment being requested (including total price with tax and shipping), along with equipment specifications.
- Medical Insurance Provider, and Insurance ID number, along with a copy of the Medical Insurance ID card.
- A letter of denial from the Medical Insurance Provider.
- Photo of child.
- A signed Release of Liability, Disclaimer, and Authorization to use Name and Likeness.
- Must answer ALL questions, do not leave one blank.

## What happens after I submit the application?

Variety KC works hard to keep families updated on their grant applications. Once a family submits a grant

application, Variety KC will reach out by phone or email within a week and answer questions about our process as well as share an estimated timeline for board approval. Once the board has approved your application, Variety KC will fulfill the request and handle all billing with manufacturers or retailers. All items will be delivered to Variety KC. Please know that customized equipment can take anywhere from 1-6 months due to manufacturing timelines. Once your item has been delivered, Variety KC will reach out to your family to present your gift to your child. If you have questions about the status of your application, please don't hesitate to contact Ali O'Grady at [aogrady@varietykc.org](mailto:aogrady@varietykc.org).

## How often can I apply for a My Mobility grant?

We allow applications every 3 years for mobility grants. For example, if you are applying in 2024, you will not be eligible for another mobility grant until 2027.

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

Variety of Greater Kansas City  
4050 Pennsylvania Avenue  
Ste 115-77  
Kansas City, MO. 64111

**Date of Application**

**Who is filling out this application?**

**Child's Name**

First

Last

**Child's Address**

Address Line 1

Address Line 2

City

State

Zip Code

**Child's County of Residence**

Cass  Clay  Jackson  Johnson  Platte  Wyandotte  Atchison  Buchanan  Clinton  Douglas  Leavenworth  Miami

**Child's Birthday**

**Child's Age**

Age

**Child's Height**

Height

**Child's Weight**

Weight

**Child's T-Shirt size**

T-Shirt size

**Photo of Child**

**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

**What equipment are you requesting?**

**What is the total amount for the equipment that you are requesting, including tax and shipping?**

**What is the total amount for the equipment that you are requesting for Variety KC to pay?**

**What Vendor/Supplier is providing the equipment?**

**Upload Quote(s) from Vendor/Supplier**

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

**Parent's/Guardian's Name**

First

Last

**Second Parent's/Guardian's Name**

First

Last

**Parent/Guardian Email**

**Cell Phone**

**Home Phone**

**Work Phone**

**Who has legal custody of the child?**

First

Last

**Relationship to the Child**

**Parent's/Guardian's T-Shirt size**

**Household Income?**

Select Household Income

**Do you own your home or rent? (Please check one)**

Own  Rent

**First Parent/Guardian's occupation and place of employment**

Occupation and Place of Employment

**Second Parent/Guardian's occupation and place of employment**

Occupation and Place of Employment

**Number of dependents claimed by parents/guardians, including the child on this application?**

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 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 KC in the past?**

Yes  No  Maybe

**If yes, please list the month, year, and equipment or service for each time a gift was received.**

**Would you be part of an in-person gift presentation to show sponsors and donors the gift and opportunity to meet your child?**

Yes  No  Maybe

**Will you participate in free Variety KC events offered to your family throughout the year?**

Yes  No  Maybe

**What events/activities do you want to see Variety KC do?**

**Please follow Variety KC on Facebook!**

[facebook.com/varietykc](https://facebook.com/varietykc)

**Please follow Variety KC on Instagram!**

[instagram.com/variety\\_kc](https://instagram.com/variety_kc)

**Please follow Variety KC on X!**

[twitter.com/VarietyKC](https://twitter.com/VarietyKC)

**Please follow Variety KC on TikTok!**

[tiktok.com/@varietykc](https://tiktok.com/@varietykc)

**Please follow Variety KC on YouTube!**

**Please provide your Facebook username:**

**Please provide your Instagram username:**

**Please provide your X username:**

**Please provide your TikTok username:**

**Please provide your YouTube username:**

[youtube.com/varietykc](https://www.youtube.com/varietykc)

How did you hear about Variety KC?

## 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

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

Please attach an insurance rejection letter stating that this equipment is not covered by your insurance.

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 Recipients thereof), him/her, by and through his/her parent and/or legal guardian, and his/her parents and/or legal guardians, 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.

We stipulate that the information included in this application is true to the best of our knowledge. Further, 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)**

**Date**

**Name of Second Parent/Legal Guardian:**

**Date**

**Name of Third Parent/Legal Guardian:**

**Date**

## **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**

First

Last

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

First

Last

**Date**

## 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.

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

First

Last

**Date**

**(Please note that your signature is not required on this form for the application to be considered by Variety of Greater Kansas City – Tent 8. 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. Please keep in mind that 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.)**