Variety KC My Safety Bed 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?

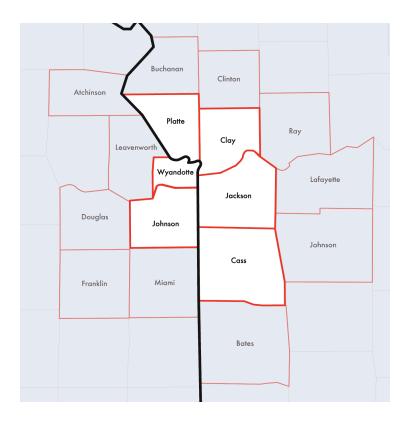
Variety KC's Mobility Program covers medical equipment that has been denied or not covered by insurance. Examples include wheelchairs, walkers, bikes, trikes, strollers, orthotics, prosthetics, hearing aids, car seats, bath chairs, and more. If you do not see something that your doctor thinks your child 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 <u>US Variety at usvariety.org</u> 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.
- Manufacturer Quote(s) for requested equipment (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.

Does Variety KC fully fund my child's Safety Bed?

Variety KC works to help as many children as we can in our community. To do so, we work closely with manufacturers to guarantee the lowest prices for all items. Below is a list of beds/models that, if approved, Variety KC fully funds. Beds not listed below may NOT be fully funded by Variety KC, and a maximum \$5,000 grant would be offered to the applying family. Variety KC requests families build their child's bed directly from the manufacturer's website. If a family chooses to use a third-party medical supplier, Variety

KC will request the family cover the remaining balance exceeding \$5,000.

Beds that are fully covered:

- Safe Place Permanent Beds Model 200
- Courtney Bed Standard 36" W x 80" L

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. Please know that customized equipment can take anywhere from 1-6 months due to manufacturing timelines. Once your bed has shipped Variety KC will reach out to set up a time to come and meet your family and give a small 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.

How often can I apply for a My Safety Bed Grant?

At this time, Variety KC can only supply one (1) safety bed per child over the lifetime of our grant process. Secondly, there must be a 3 year wait between mobility grants and/or communication grants before a safety bed can be approved. For example, if you apply for a bike in September 2024, you will not be eligible for a bed through Variety KC until September 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 o	ut this application	on?	
Child's Name				
First		Last		
Child's Address				
Address Line 1				
Address Line 2				
City	State		Zip Code	

Child's County of Res		atta O Myandatta O Atabia	en O Bushanan O Clinton O		
O Cass O Clay O Jackson O Johnson O Platte O Wyandotte O Atchison O Buchanan O Clinton O Douglas O Leavenworth O Miami					
•					
Child's Birthday	Child's Age	Child's Height	Child's Weight		
	Age	Height	Weight		
Child's T-Shirt size					
T-Shirt size					
Photo of Child					
☐ American Indian or		anic or Latino/a) 🛚 Hispani	nder (Not Hispanic or Latino/a) c or Latino/a □ Black or		
What safety bed are	you requesting? *				
If your child's grant is a Variety KC.	accepted by Variety KC, t	he following beds in the me	nu below are fully funded by		
If you are requesting a bed outside of the options provided, please be aware that there may be a limited amount of funds Variety KC's can provide and the requesting family may be responsible for the remaining balance.					
Select safety bed					
What is the total amo	ount for the equipment t	hat you are requesting, in	cluding tax and shipping?		
What is the total amo	ount for the equipment t	hat you are requesting for	Variety KC to pay?		
What Vendor/Supplie	er is providing the equip	ment?			
Timat Tomaci/Capping	in to providing the equip				
Upload Quote(s) fron	. Vandar/Supplier				
Parent's/Guardian's	· ·				
i arent sigualulali si	Name				
First		Last			

Second Parent's/Guard	dian's Name]	
First			Last	
Parent/Guardian Email				
Cell Phone	Home P	hone		Work Phone
Who has legal custody	of the child?		Relationship to	the Child
First				
Last				
Parent's/Guardian's T-	Shirt size			
Household Income?			you own your ho Own ○ Rent	ome or rent? (Please check one)
Select Household Income				
First Parent/Guardian's	s occupation and p	lace of	employment	
Occupation and Place of Em	ployment			
Second Parent/Guardia	an's occupation an	d place	of employment	
Occupation and Place of Em	ployment			
Number of dependents	claimed by parent	ts/guard	ians, including th	ne 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 community, and volunteers. This might be your challenges and adversity, or simply things you war Please include how this equipment will enhance y	nild's story of how they are overcoming int people to know about your amazing child.
Has your family ever received assistance from Var ☐ Yes ☐ No ☐ Maybe	riety KC in the past?
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 presentatio opportunity to meet your child? ☐ Yes ☐ No ☐ Maybe	n to show sponsors and donors the gift and
Will you participate in free Variety KC events offer ☐ Yes ☐ No ☐ Maybe	ed to your family throughout the year?
What events/activities do you want to see Variety	KC do?
Please follow Variety KC on Facebook!	Please provide your Facebook username:
facebook.com/varietykc	

Please follow Variety KC on Instagram!	Please provide your Instagram username:		
instagram.com/variety_kc			
Please follow Variety KC on X!	Please provide your X username:		
twitter.com/VarietyKC			
Please follow Variety KC on TikTok!	Please provide your TikTok username:		
tiktok.com/@varietykc			
Please follow Variety KC on YouTube!	Please provide your YouTube username:		
youtube.com/varietykc			
How did you hear about Variety KC?			
Healthcare Information			
I give permission to Variety KC to request fu	nds, on our behalf, from other funding sources.		
	nds, on our behalf, from other funding sources. Insurance ID number		
I give permission to Variety KC to request fur ○ Yes ⊙ No			
I give permission to Variety KC to request fur ○ Yes ⊙ No	Insurance ID number		
I give permission to Variety KC to request fur ○ Yes ⊙ No Medical Insurance Provider Please attach copy of Medical Insurance ID of	Insurance ID number		
I give permission to Variety KC to request fur ○ Yes ⊙ No Medical Insurance Provider Please attach copy of Medical Insurance ID of Please attach a letter from a professional or child.	Insurance ID number		
I give permission to Variety KC to request fure of Yes ⊙ No Medical Insurance Provider Please attach copy of Medical Insurance ID of Please attach a letter from a professional or child. Please attach an insurance rejection letter strinsurance.	Insurance ID number card physician recommending this equipment for your		
I give permission to Variety KC to request fure of Yes ⊙ No Medical Insurance Provider Please attach copy of Medical Insurance ID of Please attach a letter from a professional or child. Please attach an insurance rejection letter strinsurance.	Insurance ID number ard physician recommending this equipment for your ating that this equipment is not covered by your		
I give permission to Variety KC to request fure of Yes ⊙ No Medical Insurance Provider Please attach copy of Medical Insurance ID of Please attach a letter from a professional or child. Please attach an insurance rejection letter strinsurance.	Insurance ID number ard physician recommending this equipment for your ating that this equipment is not covered by your		
I give permission to Variety KC to request fure of Yes ⊙ No Medical Insurance Provider Please attach copy of Medical Insurance ID of Please attach a letter from a professional or child. Please attach an insurance rejection letter strinsurance.	Insurance ID number ard physician recommending this equipment for your ating that this equipment is not covered by your		
I give permission to Variety KC to request fure of Yes ⊙ No Medical Insurance Provider Please attach copy of Medical Insurance ID of Please attach a letter from a professional or child. Please attach an insurance rejection letter strinsurance.	Insurance ID number ard physician recommending this equipment for your ating that this equipment is not covered by your		

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

Releas	se	of Liability
(the Recip and/or leg Kansas C United Sta	oients jal gu ity, \ ates,	on of the receipt of certain enabling equipment awarded by Variety - The Children's Charity, is thereof), him/her, by and through his/her parent and/or legal guardian, and his/her parents uardians, hereby releases and forever discharges Variety - The Children's Charity of Greater Variety - The Children's Charity International, and Variety - The Children's Charity of the their members, employees and officers (hereafter collectively referred to as "Variety") from my 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 under	stand	nat the information included in this application is true to the best of our knowledge. Further, if that the presence of inaccurate information in this application could result in the need for on of this application on the part of Variety - The Children's Charity of Greater Kansas City –
Parent/Le	egal	Guardian Date (Signature is required of ALL legal guardians)
Date		
Name of	Seco	ond Parent/Legal Guardian:
Date		
Name of	Thire	d 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 t	his Child	
First	Last	
I have read and fully unders	stand and agree to the above Disclaimer.	
First	Last	
Date	7	

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.)