

Variety KC My Therapy 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 Therapy Program?

Outpatient therapy services offer a variety of benefits for children with disabilities and their families. However, these services can unfortunately be costly. If you are a family who has recently run out of outpatient therapy sessions covered by insurance and seek to continue outpatient services for your child, we encourage you to apply for our My Therapy grant below!

Grants are given on a case-by-case basis and upon Board approval. We are aware that some therapy services are not covered by most insurance plans.

The My Therapy Grant is currently given based on a calendar year. A child/family can apply for this grant every three years. We encourage families to check back to varietykc.org for updates.

My Therapy will cover a maximum of three (3) sessions per month with a maximum benefit of \$125 per session for up to one year. The child's deductible must have been met, and the number of sessions covered by insurance must be exhausted.

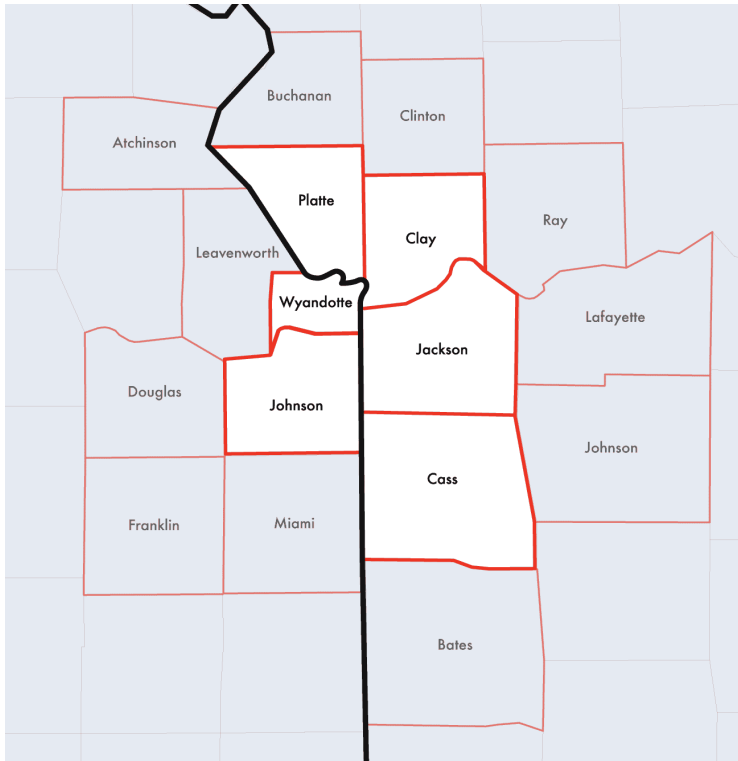
The grant can be used for any outpatient therapy service, including, but not limited to physical therapy, speech-language therapy, occupational therapy, music therapy, behavioral therapy, hippotherapy, aquatic therapy, and mental health services. Variety KC does not cover the cost of diagnostic evaluations at this time.

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 of our coverage area noted in the map below, applicants should reach out to [US Variety at usvariety.org](http://USVariety.org).



What do I need for this application?

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

- [Therapist Application](#) filled out by the child's current, or last seen, therapist.
- Medical Insurance Provider, and Insurance ID number, along with a copy of the Medical Insurance ID card.
- Statement of benefits and/or letter of denial from the Medical Insurance Provider and/or statement of how many therapy sessions the plan supports. (This can be a letter from the billing department of your clinic.)
- Photo of child.
- A signed Release of Liability, Disclaimer, and Authorization to use Name and Likeness.
- Please answer ALL the questions and 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.

Since My Therapy is a new program, Variety KC will be capping the number of recipients at the start of the program. Variety KC will be reevaluating the program each month and will decide if the number of kids we

serve can increase.

How often can I apply for a My Therapy grant?

We allow approved applications to apply once every 3 years for the My Therapy grants. If you applied and were approved in 2024, you will not be eligible for another therapy grant until 2027. If you were denied, your application will be held on a waitlist for the duration of the year. If your application was not approved within the calendar year, then you may re-apply the following year.

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

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

Relationship to the Child

Last

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?

Medical Insurance Provider

Insurance ID number

Number of sessions typically covered by insurance annually

What therapy are you requesting Variety KC to cover?

What is the cost per session for the therapy you are requesting?

What is the total annual amount for the treatment plan that your child is currently receiving?

Is your child currently receiving services at an accredited clinic? If yes, please provide the clinic name where the child is receiving services.

Clinic Name

Clinic Address

Address Line 1

Address Line 2

City

State

Zip Code

Clinic Phone

Clinic Email

Name of therapist(s)

Therapist Phone

Therapist Email

Projected month/date when child will run out of sessions

Describe the services your child currently has been receiving and what skills the services are addressing

Describe the current service plan for your child

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 a minimum of two paragraphs of information to be used for the Variety KC website, blog, and/or social media, to educate our donors, community, other families, 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, as well as your family's lives.

What would this grant mean to your child and your family?

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

Yes No Maybe

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

Please follow Variety KC on Instagram!

instagram.com/variety_kc

Please follow Variety KC on X!

twitter.com/VarietyKC

Please follow Variety KC on TikTok!

tiktok.com/@varietykc

Please follow Variety KC on YouTube!

youtube.com/varietykc

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:

How did you hear about Variety KC?

I give permission to Variety KC to request funds, on our behalf, from other funding sources.

Yes No

Please attach a copy of your medical insurance ID card

Please attach a statement of benefits, or an insurance rejection letter stating that these therapies are 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 therapeutic services 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.)