

Variety KC My Therapy Therapist 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 per 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 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.

Date of Application

Who is filling out this application?

Child's Name

First

Last

Child's DOB

Child's Age

Age

Child's Diagnosis

Therapy Provider Name(s)

Therapist Phone

Therapist Email

Clinic

Services provided

**Date in which child ran
out/or will run out of
sessions**

Total hours per week that is currently provided

Total hours per week being recommended

Describe the child for which you are applying

Describe the services currently being provided for the applicant

Describe the ideal service plan for this child

What are the skills you are addressing in therapy?

Why would this child benefit from the Variety KC My Therapy grant?

Anything else you want us to know about the applicant?

Billing Department Information

Primary Billing Contact Name

First

Last

Primary Billing Phone

Primary Billing Email