



FREEDOM KIDS! PROGRAM APPLICATION

Mission Statement

Variety - The Children's Charity's **Freedom Kids!** Program provides equipment to enable children to participate in their communities. Variety helps children with disabilities, 18 years of age & younger by providing 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, when this equipment cannot be obtained from any other source.

Instructions

The submission of an application must include the following for consideration by Variety: letters of verification from the professionals you have identified who are familiar with your child's needs and who will specify the appropriate equipment for your child; **addressing all items as stated in the Addendum for appropriate equipment being requested**; copies of determinations from relevant insurance programs; equipment specifications (and two to three bids from suppliers); **signed release forms and disc containing useable photo(s) of child**. Variety's **Freedom** Program Committee reviews this information. Only applications on forms provided by Variety of Georgia will be considered. Please mail application with supporting documents to:

Variety The Children's Charity of Georgia, 9800 Medlock Bridge Road, Suite 1, Johns Creek, GA 30097

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Date of Application: _____ Received by Variety: _____

Child's Name: _____ Child's Age and Birth Date: _____

Who has legal custody of this child? (Name and relationship): _____

Address (home or agency where child resides): _____

Email Address of Parent/Guardian: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Own Home (*please check one*): Yes No

Is Child diagnosed with mental retardation/developmental delays (*for restricted grants*)? Yes No

Medical Diagnosis/Nature of Disability: _____

Equipment Requested: _____

Name of Person Completing Application: _____

Relation to Child: _____

Address: _____

Email Address: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Please list the names of two health care professionals who have worked with the child, and can verify the need for the requested equipment. If your child sees a physical therapist please include contact information here. We will not contact these individuals without your authorization.

NAME OF PROFESSIONAL & AGENCY	PHONE	OCCUPATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please sign here if you consent to Variety contacting the above named individuals to discuss your child's equipment needs: _____

Please provide a brief description of the child's situation and of the benefit the requested equipment will provide. Please indicate the family's ability and willingness to participate financially in the purchase.

Please indicate the income range of the child's family:

_____ Below \$20,000	_____ \$51,000 - \$75,000
_____ \$20,000 - \$35,000	_____ Above \$75,000
_____ \$36,000 - \$50,000	

Please indicate the number of dependents in the child's family: _____

Has the family ever received assistance from Variety in the past? _____

If so, when and in what form? _____

POTENTIAL FUNDING SOURCES

Please fill out the following funding resource checklist completely. This checklist documents your efforts to secure funding for the needed equipment through other sources such as insurance, Office of Vocational Rehabilitation, etc. Please indicate whether you have sought funding from the following sources, and the outcome of your efforts.

Have Applied

Have Not Applied

OFFICE OF VOCATIONAL REHABILITATION — usually ages 18 and up; if younger, family should first request equipment from school system. Will fund post-secondary education, and purchase ramps, lifts, wheelchairs, prostheses and assistive devices. Vocational goal needed, but some “independent living funds” available. Will not fund orthopedic shoes unless attached to braces. (If you have applied, please describe outcome. If you have received a written denial, please attach a copy.)

MEDICAL ASSISTANCE (MEDICAID) – consumer must get Rx from doctor and then submit form (30 - 40 day delay). If denied, appeal using MA-97. Authorizations may be held for 180 days. MA will fund manual wheelchairs. (If you have applied, please describe outcome. If you have received a written denial, please attach a copy.)

MEDICARE – no delay, but some things such as grab-bars and bath benches are not covered. (If you have applied, please describe outcome. If you have received a written denial, please attach a copy.)

HEALTH INSURANCE – check specific policy coverage. (If you have applied, please describe outcome. If you have received a written denial, please attach a copy.)

SCHOOL DISTRICT – the child’s school district may provide certain equipment. (If you have applied, please describe outcome. If you have received a written denial, please attach a copy.)

OTHER – please identify source and result



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 Georgia, 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.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

(Signature is required of all legal guardians.)



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.

Parent/Legal Guardian Date

Parent/Legal Guardian Date

(Signature is required of all legal guardians.)



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.

_____ Parent/Legal Guardian	_____ Date
_____ Parent/Legal Guardian	_____ Date

*(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.)*



FREEDOM! PROGRAM APPLICATION CHECKLIST

Please include the following items with your application and mail as one packet to the Variety office. Only completed applications will be reviewed by the **Freedom!** Program Committee. Once the materials are received, you may expect to hear back from Variety - The Children's Charity within **four to six weeks** from receipt of your completed application. If you have any questions or would like assistance from Variety in identifying durable equipment vendors, please call our office at 678-994-4210. Thank you for your interest in our **Freedom!** Program.

TO COMPLETE YOUR APPLICATION, THE FOLLOWING INFORMATION IS NEEDED. **PLEASE SEND AS ONE PACKET:**

- Letter(s) of verification from professionals you identified (therapist, doctor, social worker) who are most familiar with your child's needs. This letter should specify your child's needs for the equipment requested.
- A prescription from the child's doctor.
- Copies of determinations from relevant insurance programs.
- Copy of latest federal income tax return, pages 1 & 2, social security numbers blacked out.
- Clear, detailed description of equipment to meet child's needs.
- Address all items as stated in the Addendum for appropriate equipment being requested.**
- Two or three equipment bids from suppliers (*Variety can assist you in choosing a vendor*).
- Signature on Release of Liability form.
- Signature on Affirmation of Truth Statement.
- Signature on Disclaimer.
- Authorization to Use Name & Likeness (signature optional).
- Signatures of all legal guardians & complete demographic data.