



Variety – The Children’s Charity of Wisconsin
12425 Knoll Road, Suite 110, Elm Grove, WI 53122
Phone 262-777-2090 Fax 262-777-2095
www.VarietyWi.org

VARIETY GRANT PROGRAMS

Application Checklist

The following items **must** be included with your application. Please mail all items as one packet to the Variety office. Please direct any questions to Taimi Parey, Program Specialist, at 262-777-2090 or taimi@varietywi.org.

For All Requests

- Full Variety Grant Application – 5 pages include the following forms: Child & Family Info Sheet; Family Letter of Request; Income Worksheet; Authorization to Use Name & Likeness; Authorization to Disclose Information
- Letter(s) of verification from professionals (therapist, doctor, social worker) who are most familiar with your child’s needs. This letter should clearly specify your child’s needs for the equipment requested and benefits of use in detail. Please make sure the professional’s e-mail address and phone number is provided.
- A detailed description of the equipment requested, including brand name and model (if known), all components necessary to fit it for your child, and estimated cost. An itemized quote from a supplier or a print out from a manufacture’s website is helpful, though not required.
- Documentation of the applicant family’s yearly household income to include: copy of the first page of the family’s tax return, any government financial aid documents, etc. **Please include proof of all sources of income (e.g., SSI, Family Support, child support, etc.).**
- Insurance denial letter or statement. Note, this is **not** required for requests for adaptive bicycles, vehicle modifications or home modifications.
- Recent photo of the child, preferably showing their entire body. This is used to help in our assessments.

For Vehicle Modification Requests

- Copy of vehicle title
- Make and model of vehicle and approximate number of miles

For Adaptive Bicycle / Tricycle Requests

- “Bike Needs Checklist” form
- Video of the child riding and getting on/off a bicycle, if applicable

For Home Accessibility Modification Requests

- “Home Needs Checklist” form
- Photos of the house, including “trouble spots” that present mobility challenges for the child
- Copy of most recent Property Tax Bill
- Proof of Home Owner’s Insurance
- Letter from home owner stating that they will allow Variety to make the requested modification to the property (if the home is owned by someone other than the parent/guardian of the child)

Your application will not be reviewed until ALL of the above items are received.



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CHILD & FAMILY INFORMATION SHEET

Your child's physical therapist, social worker, physician or other professional who works closely with your child can help you fill out this application. Please mail the completed application and all items stated in the checklist (on page 1) to the address listed above.

Child's name: _____ Gender: _____ Age: _____ Birth Date: _____

Child's diagnosis: _____

Equipment requested: _____

Referred to Variety by: _____

Has the family ever received assistance from Variety in the past? If so, when and in what form?

Race/Ethnicity of Child:

White/Caucasian
 Native American or American Indian

Black/African American
 Asian/Pacific Islander

Hispanic or Latino
 Other _____

Type of health insurance: _____

Child's Doctor: _____ Phone #: _____

Name of parent(s)/legal guardian(s) & relationship: _____

Language(s) spoken by the family: _____

Home address: _____

City: _____ County: _____ State: _____ Zip: _____

Parent/Guardian's e-mail address: _____

Parent/Guardian's phone numbers: Home _____ Cell _____ Other _____

Household yearly income: _____ Number of people in the household: _____

This information is required. Do not leave blank

_____ Name of person completing application: _____ Relation to child: _____

E-mail address: _____ Phone number: _____



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FAMILY LETTER OF REQUEST

Please use this space to answer the following:

- Describe the child's diagnosis and how it affects his/her mobility.
- Explain the goals for this child in relation to this request (e.g., increased ability to participate in activities, decreased weight, increased independence, etc.).
- Has the child ever used this equipment before? If yes, when and where?
- Why are you requesting this equipment at this time?
- Is the family willing/able to contribute financially toward the cost of this request? Please list the amount.
- List any other sources of financial assistance applied for (e.g., other organizations, Family Support Program, Children's Long Term Service Waiver, grants, loans, etc.) and the result of each.

You may attach additional pieces of paper if you need more room.

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 of Wisconsin.

Parent/Legal Guardian Name

Signature

Date

Parent/Legal Guardian Name

Signature

Date



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INCOME WORKSHEET

In addition to completing this worksheet, **you must also include documentation of all sources of income**. This can include a copy of the first page of your federal tax return, government financial aid documents, bank statement showing deposits, etc.

1. Parent/Guardian's name, occupation & place of employment:

2. Parent/Guardian's name, occupation & place of employment:

3. I/We earn (gross pay - before taxes) \$ _____ weekly every 2 weeks monthly annually

***Please include all sources of income (e.g., wages, rental income, etc.)*

4. Members of the family receive the following amounts each month from:

Please total amounts received for all members of the household. If a different amount is received each month, please list the average amount.

\$ _____ Pension
\$ _____ Social Security/SSI/SSDI
\$ _____ Unemployment Compensation
\$ _____ Child Support/Alimony
\$ _____ Other: _____

5. The child/family currently receives:

<input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Children's Waiver	<input type="checkbox"/> Family Support Program
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Food Stamps/FoodShare	<input type="checkbox"/> Benefits for veterans
<input type="checkbox"/> Other public assistance _____		
<input type="checkbox"/> Other funding sources _____		

6. The income stated above supports a household of _____ (*total number of*) people.

I understand that if my financial situation changes prior to the allocation of funds, I must notify Variety the Children's Charity of Wisconsin immediately. I attest that all the information provided is true and accurate.

Signature is required of all parent(s)/legal guardian(s).

Parent/Legal Guardian Name

Signature

Date

Parent/Legal Guardian Name

Signature

Date



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AUTHORIZATION TO USE NAME AND LIKENESS (Photo Release)

At times, Variety may choose to use photos/videos of children who request equipment in order to help secure funds for the requested equipment and for other programming purposes. 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. Photos/videos may be used in email blasts, in newsletters, website, social media, funding campaigns (whether done through mail or fundraising events) and other purposes Variety deems necessary.

By signing below, the Applicant and his/her parent(s) or legal guardian(s) hereby irrevocably authorize Variety: (a) to publicize and use the Applicant'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 Applicant in any manner Variety chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the Applicant, 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, online, email, or any other purpose; (d) to publicize, now or in the future, the name of the Applicant including information regarding his/her physical condition and details regarding the enabling equipment received from Variety.

<i>Parent/Legal Guardian Name</i>	<i>Signature</i>	<i>Date</i>
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<i>Parent/Legal Guardian Name</i>	<i>Signature</i>	<i>Date</i>
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Please note that your signature is not required on this form for the application to be considered by Variety - The Children's Charity of Wisconsin. We will only publish photos of the child if this authorization is signed. Otherwise photos will be kept confidential and shared only with people necessary for a funding decision to be made.



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AUTHORIZATION TO DISCLOSE INFORMATION to Variety – The Children’s Charity of Wisconsin

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

Of all of _____ (child's name) medical records; also education records and other information related to the child's ability to perform tasks. This includes specific permission to release all related information to Variety – The Children’s Charity of Wisconsin.

The purpose of this release is to determine the child's eligibility for program assistance, including looking at the combined effect of any impairments that by themselves would not meet a definition of physical disability.

This authorization is good for 12 months from the date signed (next to the below signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be re-disclosed to other parties (such as equipment vendors).
- I may write to Variety and my sources to revoke this authorization at any time.
- Variety will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.

I have read this form and agree to the disclosures above.

Parent/Legal Guardian Name

Signature

Date

Parent/Legal Guardian Name

Signature

Date



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BIKE NEEDS CHECKLIST- Page 1

Complete this form only if you are applying for an adaptive bicycle

The child's therapist or doctor's must complete the reverse side

Child's Name: _____

Height: _____

Weight: _____

Age: _____

Is a bike helmet needed? _____

Arm length (shoulder to mid-knuckles)

Right: _____ inches

Left: _____ inches

Leg length (inseam to bottom of shoe)

Right: _____ inches

Left: _____ inches

Child requires a: two-wheel bike three-wheel bike

Color preference (not all bikes come in all colors): _____

Please indicate which of the following apply:

Foot-pedaled bike would be most appropriate

- Need adjustable-length pedals
- Need adjustable-length handlebars
- Need toe clips or foot straps

Hand-pedaled bike would be most appropriate

- Hand-drive bike
- Power pumper

Special consideration (e.g., leg length discrepancy, etc.):

Specific brand or style of bike (including model numbers if appropriate), if you have one:

Where will the child ride the bike?

Who will supervise or ride with the child when bike riding?

For what reasons will the child ride the bike?

How will you transport the bike? Note, adaptive bicycles are much larger than standard bikes/tricycles.

Do you have space in your home for an indoor trainer, so your child can participate in biking inside during winter months?
____ Yes ____ No

If my request for an adaptive bicycle or tricycle is approved, I agree to be responsible for regular maintenance at my own cost. I understand that yearly tune ups are recommended. I agree to donate the bike back to Variety when my child is no longer able to use it.

Parent/Legal Guardian

Date



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BIKE NEEDS CHECKLIST- Page 2

This page must be completed by therapist or doctor:

Children who are unable to physically operate a standard bicycle or who require a 3-wheeled bike will be considered for bike awards through Variety funding programs. For children with physical disabilities or undiagnosed physical conditions, this program promotes physical activity, healthy exercise and access to typical experiences for all kids. Please provide information regarding this applicant's physical status as it relates to the activity of biking:

Movement and Strength (check all that apply)

Upper Extremity:

Child is able to reach forward in order to grasp and hold handle bars
 Child has sufficient shoulder and elbow motion to complete right and left turns
 Child is able to operate hand pedals (if hand-pedaled bike is being requested)

Lower Extremity:

Child is able to pedal through the full cycle without foot support
 Child is able to pedal through the full cycle with foot supports
 Child requires assistance (pulley system) to pedal through a full cycle

Trunk:

Child can sit unsupported on a bicycle seat
 Child requires support to sit on a bicycle seat (back rest, chest strap, etc.)

Endurance

Describe the child's capacity to engage in biking activities. Include anticipated distances and/or time, as well as the potential for improvement over time.

Coordination

Describe the child's ability to coordinate movement of the arms and legs for successful biking.

Cognition

Describe the child's ability to understand the concepts of biking; include safety awareness and need for adult supervision/assistance.

Other Information

Include any additional comments regarding the child's biking experiences.

Therapist or doctor must complete and sign below:

I have reviewed the application and believe it is appropriate for the applicant. Variety may contact me if necessary to discuss the request.

Therapist/physician printed name

Date

Therapist/physician signature

Phone number & email



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HOME NEEDS CHECKLIST

Complete this form only if you are applying for a home accessibility modification

Child's Name: _____

Address: _____

How long has the family lived at this address? _____

Child lives with: Mother Father Both parents Other: _____

If there is a custody arrangement, please describe:

Is this address the primary residence of the child? Yes No

If the family does not own the home, please describe current rental arrangements or agreement:

Request is for: Ramp or access device Other: _____

Description of need (what do you need, why it is important):

Why has the need arisen at this time?

What has been done so far to address or accommodate this issue?

Desired outcome or goal:

Are there other resources available for the project? For example, does your family have a relationship with anyone in the community (church groups, contractors/construction workers, sports team, etc.) who might donate money, materials or time?

Have you tried, or would you be willing to try, taking out a personal loan to cover part of the cost of this project?

Yes No

Are you willing to help fundraise for this project? Variety can help you with fundraising ideas.

Yes No

If approved, Variety will provide regular maintenance for this project for one year. I agree to be responsible for regular maintenance and repairs at my own cost after one year. I agree to donate the equipment back to Variety when my child is no longer able to use it.

Parent/Legal Guardian

Date

Updated 10/2016

Parent/Legal Guardian

Date



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VARIETY GRANT PROGRAMS

Application Process

1. Obtain the Variety Grant Application.

The can be found on Variety's website, www.varietywi.org, by going to "How We Help" → "Freedom Program" → "Freedom Program Grant Applications" (<http://www.varietywi.org/freedom-program-grant-applications/>). You can also call the Variety office at 262-777-2090 to have an application mailed, emailed or faxed to you.

2. Fill out all of the forms in the application and gather all of the supporting documents listed on the Application Checklist. Incomplete applications will not be reviewed until all items are received.

3. Send the completed application and all supporting documents to:

Grant Programs
Variety – The Children’s Charity of Wisconsin
12425 Knoll Road, Suite 110
Elm Grove, WI 53122

Please be sure to keep a copy of the forms for your records. Applications will not be reviewed until all of the necessary forms and supporting documents are received.

REVIEW PROCESS, FUNDING DETERMINATION & AWARD

Once Variety has received all of the necessary forms we will contact you to let you know that your application has been received. At that time, Variety may have questions for you and/or your child's social worker/ physician/ therapist. Please understand that at times it may take several months for a decision to be made.

If funding is approved, Variety will determine what percentage of the cost to fund.

The Variety staff will inform you of the decision via letter. If you are asked to contribute a portion of the cost, the details will be explained in this letter. If your request is approved, Variety will identify an equipment vendor, place the order and pay the equipment provider directly.

Adaptive Bikes

If approved for an adaptive bicycle or tricycle, awardees must schedule and attend a bike assessment at a Variety approved bike vendor where the child will be assessed and measured so the appropriate bike can be identified. If distance prohibits attending a bike assessment in person, it may be done via Skype or Facetime.

Vehicle or Home Modifications

If approved for a vehicle or home modification, Variety will identify an approved construction company and work with the family and construction company to schedule the project. Variety will pay the construction company directly.

QUESTIONS

Please direct any questions to Taimi Parey, Program Specialist, at 262-777-2090 or taimi@varietywi.org.