



## FAMILY APPLICATION – FREEDOM AND CARE PROGRAMS

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Variety - the Children's Charity of Wisconsin provides funding to allow children with special needs to attend camps, specialized therapy, obtain adapted bikes and mobility equipment (i.e., gait trainers, standers, mobile standers, specialized strollers, specialized car seats, etc). We help provide things that are not covered by insurance or other funding sources, and that help promote health and participation in the communities. Applicants must reside in Wisconsin and be 21 years of age or younger.

### Instructions

The submission of an application must include the items outlined on the Checklist. Applications are reviewed on a quarterly basis. Application and supporting documents can be emailed to [dua@varietywi.org](mailto:dua@varietywi.org)

Date of Application: \_\_\_\_\_ Received by Variety: \_\_\_\_\_

Equipment requested: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Race/Ethnicity of Child:

White/Caucasian

Black/African American

Hispanic or Latino

Native American or American Indian

Asian/Pacific Islander

Other \_\_\_\_\_

Name of Person Completing Application: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Address (where child resides): \_\_\_\_\_

Email Address of Parent/Guardian: \_\_\_\_\_

Parent Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's occupation and place of employment: \_\_\_\_\_

Mother's occupation and place of employment: \_\_\_\_\_

Child's Health insurance: (primary and secondary) \_\_\_\_\_

Household yearly income: Please provide most recent submitted tax statements to the IRS.

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

Referred to Variety By: \_\_\_\_\_

Has this child received assistance from Variety in the past? Please explain

Medical Diagnosis: \_\_\_\_\_

\_\_\_\_\_

Please list below the Physician/Therapist:Physical–Occupational–Speech, etc. that can provide helpful information to assist with this request. By doing so, you consent to let Variety contact them for information if needed.

Please obtain from them a letter to verify the need for request

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

Please provide a brief description in the space provided of the child’s situation, and the benefit the requested need/equipment will provide.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost of requested need or equipment : \_\_\_\_\_

Please provide a recent photo of your child.

IMPORTANT! Please provide a letter of denial for any requested equipment from the insurance/Medicaid waiver program/Family Support, etc.



## 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:

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

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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:

- Medical Assistance  Children's Waiver  Family Support Program  
 Supplemental Security Income  Food Stamps/FoodShare  Benefits for veterans  
 Other public assistance \_\_\_\_\_  
 Other funding sources \_\_\_\_\_

6. The income stated above supports a household of \_\_\_\_\_ (total number of) people.

7. How much is family able to contribute to the cost of the requested need/equipment?

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).

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Parent/Legal Guardian Name Signature Date

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Parent/Legal Guardian Name Signature Date

## RELEASE OF LIABILITY

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In consideration of the receipt of mobility 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 Wisconsin, 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 mobility 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 bicycle/tricycle

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Parent/Legal Guardian

Date

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Parent/Legal Guardian

Date

*(Signature is required of all legal guardians.)*

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**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.**

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Parent/Legal Guardian

Date

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Parent/Legal Guardian

Date

*(Signature is required of all legal guardians.)*



## DISCLAIMER

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The mission of Variety is to provide mobility equipment for special needs children who reside in Wisconsin and who are 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 \_\_\_\_\_  
(Legal Guardian's Name) (Legal Guardian's Signature)

am the Legal Guardian of \_\_\_\_\_  
(Recipient's Name printed)

I have read and fully understand and agree to the above Disclaimer.

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I \_\_\_\_\_  
(Legal Guardian's Name) (Legal Guardian's Signature)

am the Legal Guardian of \_\_\_\_\_  
(Recipient's Name printed)

I have read and fully understand and agree to the above Disclaimer.

This document has been witnessed by

\_\_\_\_\_ on this date \_\_\_\_\_  
(Name) (Date Signed)



## AUTHORIZATION TO USE NAME AND LIKENESS

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The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of the mobility equipment 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.

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Parent/Legal Guardian

Date

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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.)*



**FAMILY APPLICATION – FREEDOM AND CARE PROGRAMS ELIGIBILITY CRITERIA CHECKLIST**  
(Application will not be reviewed until all required information has been submitted)

- The applicant child must be between 0 and 21 years of age.
- The applicant child must reside in the State of Wisconsin.
- The applicant must have a physical, intellectual, or sensory disability documented by a physician.
- All applicants must submit a completed Family Application with all necessary attachments.
- All applicants must submit a letter of medical justification from a MD, physical therapist, or occupational therapist indicating that the equipment is medically appropriate and therapeutic for the child. Letter(s) should clearly specify your child's need for the equipment requested and benefits of use. This letter should also state if the child has successfully trialed the equipment. Please include as much detail as possible regarding the necessary adaptations, measurements taken, or other pertinent information. Provide the professional's email address, phone number, and mailing address.
- Copy of determination letter (letter of denial) from relevant insurance company, Medicaid, or Waiver program.
- Detailed quote from supplier of the requested equipment including all additional components necessary to make the piece of equipment fit for your child. This quote is to include the total cost.
- Proof of household income (both pages of the 1040 tax return **with social security blacked out**) and/or any government financial aid documents for all legal guardians.
- Picture of the child.