



VARIETY KIDS ON THE GO! PROGRAM APPLICATION

Your child's physical therapist, social worker 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 to:

**Variety - The Children's Charity of Southern California.
4601 Wilshire Blvd. Suite 260 – Los Angeles, CA 90010
Attn: Elizabeth O'Neil**

Date: _____ Child's name: _____ Child's age and birth date: _____

Child's diagnosis: _____

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

Parent/Guardian's e-mail address: _____

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

Home address: _____

Name of person completing application: _____

Relation to child: _____

E-mail Address: _____

Phone number: Home _____ Work _____ Cell _____

Referred to Variety by: _____

Parent/guardian's occupation & place of employment: _____

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Household yearly income: _____ Number of dependents in the child's family: _____

Type of health insurance: _____

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

Please provide a brief description of the child's situation, the family's ability and willingness to participate financially in the purchase, and any other sources of financial assistance and the amount. Please feel free to 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.

Signature of Parent/Legal Guardian Date

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KIDS ON THE GO! PROGRAM APPLICATION CHECKLIST

The following items must be included with your application. Please mail all items as one packet to the Variety office. If you have any questions or would like assistance from Variety in identifying durable equipment vendors, please call our office at 323-655-1547. Thank you for your interest in Variety Kids on the Go!.

- 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. Please include as much detail as possible and provide professional's e-mail address, phone number and mailing address.
- A prescription from the child's doctor with hospital name, phone number and mailing address.
- If you are requesting anything except a bicycle or tricycle, please provide copies of determinations from relevant insurance programs.
- Copy of most recent pay stub and/or any government financial aid documents.
- Two or three detailed, itemized quotes from suppliers that state the equipment, all additional components necessary to make the equipment a perfect fit for your child, and total cost. (*Variety can assist you in choosing a supplier*).
- Recent photo of the child

If funding is approved, we may request photographs of child with equipment - preferably within a month of project completion
Please submit photos via e-mail to elizabeth@variety-social.org OR mail to address above