

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	s)/legal guardian(s) & relationsh	ip:			
Parent/Guardian'	s e-mail address:				
Parent/Guardian'	s phone numbers: Home	Work	Cell		
Home address: _					
Name of person of	completing application:				
Relation to child:					
E-mail Address: _					
Phone number: H	lome	Work	Cell		
Referred to Varie	ty by:				
Parent/guardian's occupation & place of employment:					
Parent/guardian's	s occupation & place of employ	ment:			
Household yearly	Household yearly income: Number of dependents in the child's family:				
Type of health ins	surance:				
Has the family ev	er received assistance from Va	riety in the past?	If yes, 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.					

the b	nature is required of <u>all</u> legal guardians: I (We) stipulate that the best of my (our) knowledge. Further, I (we) understand that lication could result in the need for the re-evaluation of this rity.	the presence of inaccurate information in this			
	Signature of Parent/Legal Guardian	Date			
	Signature of Parent/Legal Guardian	Date			
	KIDS ON THE GO! PROGRAM APP	LICATION CHECKLIST			
you h	following items must be included with your application. Pleas have any questions or would like assistance from Variety in ite at 323-655-1547. Thank you for your interest in Variety Kids of	dentifying durable equipment vendors, please call our			
	Letter(s) of verification from professionals (therapist, doctor, social worker) who are most familiar with you child's needs. This letter should clearly specify your child's needs for the equipment requested and benef of use. Please include as much detail as possible and provide professional's e-mail address, phone numl and mailing address.				
	A prescription from the child's doctor with hospital name	ne, 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 necessary to make the equipment a perfect fit for you choosing a supplier).	r child, and total cost. (Variety can assist you in			
 	If you are requesting an adaptive bike: Variety of Southern Established in 1994, AmTryke®, LLC is a company owned an national non-profit service organization dedicated to creating mobility tricycles, which can be hand and/or foot operated, are designed to a physical limitations. Please visit www.amtrykestore.org to get a quot	d operated by National AMBUCS™, Inc. AMBUCS is a and independence for people with disabilities. These unique commodate riders of all ages, sizes, and varying degrees of			
	Recent photo of the child				
	Child's weight: Child's height (we will need this information to acquire accurate quot				

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@varietysocal.org OR mail to address above