variety
the children's charity

“My Bike” “My Stroller” “My Voice”







Program Application

Revised 4/4/2018

WHAT PROGRAMS ARE AVAILABLE?

Variety—the Children's Charity provides children with disabilities unique programs, experiences, and equipment, so they may live life to the fullest and not be left out, left behind, or excluded.

Variety offers three equipment programs for eligible children:

1) **Variety's "My Bike" Program**, which currently provides Rifton adaptive bikes (with Rifton accessories) to children with disabilities, so they can experience the joy, freedom, and belonging that's created through riding a bike.

2) **Variety's "My Stroller" Program**, which currently provides a Kid Kart® Mighty Lite adaptive stroller to eligible kids with disabilities for mobility and/or safety in the community.

   Typically, a family must choose between having a wheelchair or adaptive stroller. So, as a wheelchair is more necessary, an adaptive stroller allows for easier "on-the-go" mobility and participation in daily activities and throughout the community. With an adaptive stroller, kids are no longer isolated and it has an immediate impact on their lives. For others (not necessarily with mobility challenges), a child might need an adaptive stroller to stay safe while out in the community.

3) **Variety's "My Voice" Program** provides a communication device (currently an iPad with a prescribed communication app) to eligible children with a communication disorder to give them a voice at all times – enabling kids to express their thoughts, feelings, wants, and needs.

Families should use this application to apply for any and all of Variety's programs, and give our office a call if any assistance is needed (724-933-0460).

You can also complete the application online at www.varietypittsburgh.org/applynow

SOME THINGS TO KNOW:

- You are welcome to apply for more than one of Variety's programs. At Variety, we feel that if your child is eligible and can benefit from one, two, or all three programs, then we want you to apply.
- Variety has a three-year policy for mobility equipment, in which eligible children can reapply for a new adaptive bike or adaptive stroller after three years of receiving the original equipment.
- If any adaptive equipment that Variety provided is no longer being used, or if your child has outgrown the equipment, then it can be returned to Variety by calling our office (724-933-0460).

WHO IS ELIGIBLE?

1. Reside in one of the 54 counties that Variety currently serves, including:

   42 counties in Pennsylvania: Adams, Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Clinton, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lawrence, McKean, Mercer, Mifflin, Northumberland, Perry, Potter, Somerset, Snyder, Union, Venango, Warren, Washington, Westmoreland, and York.

   12 counties in West Virginia: Barbour, Brooke, Doddridge, Hancock, Harrison, Marion, Marshall, Monongalia, Ohio, Preston, Taylor, and Wetzel.

   Note: Currently, Variety is only able to provide equipment to a child living in a household with his/her parent or legal guardian (e.g. equipment cannot be provided to a child living in a group home).

2. Have a diagnosed physical, mental, and/or sensory disability documented by your child's current licensed Physical / Occupational Therapist, or a Personal Care Physician (**see page 10**), or (*if applying for a communication device*), a documented communication disorder by your child's licensed Speech Language Pathologist with ASHA Certification (**see page 11**).

3. Be 4 through 21 years of age. An application may be submitted up to 60 days prior to a child's 4th birthday.

4. Applicant's household income must meet Variety's income guidelines. Income verification is required and further information can be found on **pages 6-7**.

# Of Household Members	2	3	4	5	6	7	8
Household Salary	$82,300	$103,900	$125,500	$147,100	$168,700	$190,300	$211,900

—For each additional household member, please add $21,600.

HOW TO APPLY:

1. Read the application carefully and complete all information. **PLEASE PRINT IN INK**.

2. If you need help completing any part of this application, please contact the Variety office at **724-933-0460**.

3. Include copies of proof of income (gross income before taxes and deductions) for your household (**see pages 6-7 for specifics**). You might be asked to provide further verification.

4. Obtain a letter of medical justification from a licensed medical professional for each program(s) that you're applying to (**see pages 10-11 for specifics**).

5. When you have completed the application and gathered copies of all necessary supporting documentation, please sign and date the application (**on page 12**) and return it to Variety.

The application can also be completed online at www.varietypittsburgh.org/applynow

1) CHILD INFORMATION:

How did you hear/learn about Variety's programs?			
Last Name: (Child)	First Name: (Child)		Middle Initial:
Diagnosis(es):			
Date of Birth:	Age:	Gender:	
Street Address:			Apt.:
City:	State:	Zip Code:	County:
School Child Attends:			
School District Child Resides In:	Union Affiliation (if applicable):		
Primary Insurance Company:	Secondary Insurance Company:		
Home Phone Number:	Work/Cell Phone # (circle):		Best time to call:
Email Address:			

2) HOUSEHOLD INFORMATION:

Please list all the people in your household, including the child you are applying for.
Start with yourself:

Please list below Last Name, First Name, M.I., Suffix	**Relationship to Child**	**Gender**	**Birth Date** MM/DD/YYYY
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	
		M F	







3) INCOME VERIFICATION:

As part of the program application, Variety requires income verification for your family's household, which includes:

1. Yourself,
2. Your spouse (if you are married), and
3. Anyone that is included as a dependent on your income tax return.

Income can include, but is not limited to:

- Wages, salaries, tips, bonuses, commissions, etc.
- Interest
- Dividends
- Taxable refunds, credits, or offsets of state and local income taxes
- Self-employment net profit/loss
- Capital/other gain or loss
- IRA distributions
- Pensions and annuities
- Rental real estate, royalties, trusts, & REMIC
- Alimony received
- Farm income/loss
- Unemployment Compensation
- Worker's Compensation
- Social Security benefits
- Other income being received

To provide income verification, please choose Option 1, 2, or 3.

Option 1) Submit Your Most Recent Federal Income Tax Return:

If you filed a federal income tax return, then you can submit the most recent tax return form (valid up to April 15th for the previous year's return), including the form 1040 with all schedules.

Option 2) Submit Verification of Enrollment in One of the Programs Below:

1) **Supplemental Nutrition Assistance Program (SNAP):** If your household is enrolled in SNAP, then submit proof of enrollment (e.g. documentation of enrollment for the current year).

2) **Children's Health Insurance Program (i.e. free or low cost only)**: If a child in your household is enrolled in CHIP, then submit documentation of enrollment only.

3) **Free/Reduced Meal Program: If** a child in your household is income eligible and enrolled in the free/ reduced meal program, then submit documentation from your child's school to verify income eligibility and enrollment in this program.

   For the free/reduced meal program (only), your household must also meet our program's income guidelines on page 3, and you must provide your total household income (below).

What is the total income for your household (approximately)? $_____

3a) INCOME VERIFICATION (cont.):

Option 3) Submit All Options That Apply Below:

1) If a household member is **employed:** Two pay stubs from the last 60 days for each household member. *Send more pay stubs if pay changes regularly or if pay stubs cannot be obtained, please contact Variety.*

2) If a household member is **self employed:** Include the most recent federal income tax return and all related tax schedules and forms, or submit a year-to-date profit and loss statement showing the business name, time frame being reported, gross income received, only business related expenses by line item, and the net profit. Please sign and date.

3) If a household member is a **seasonal or temporary employee:** Include the most recent federal income tax return and all related tax schedules and forms.

4) If a household member receives **Unemployment Compensation:** Submit the Notice of Financial Determination award letter or check stubs.

5) If a household member **receives Social Security, Survivor's or Disability Benefits, Retirement, Pension, or Worker's Compensation:** Submit the most recent award letter, a Form 1099, or a bank statement which shows the direct deposits to a bank account.

6) If a household member **receives child support or alimony:** Submit the support order or a copy of the payment history for the past 12 months. This can be obtained through the state child support enforcement agency or bureau.

If choosing Option 3 for income verification, please complete the information below for all persons in your household that have income.

Whose Income Is This?	Source of Income (name of employer, unemployment, social security, etc.):

What is the total income for your household (approximately)? $_____

4) PROGRAM SPECIFICS:

Specific information is needed depending on which program(s) you're applying for through Variety. Please complete all sections that apply.

What program(s) are you applying for (select all that apply)**?**

- ☐ **"My Bike" Program (adaptive bike)**
- ☐ **"My Stroller" Program (adaptive stroller)**
- ☐ **"My Voice" Program (communication device)**

"My Bike" Program Background:

Is your child able to ride a traditional two-wheeled bicycle?	❑ Yes ❑ No
Has your child ever been on a Rifton adaptive bicycle?	❑ Yes ❑ No
Is your child currently working with a licensed Physical or Occupational Therapist?	❑ Yes ❑ No
If yes, please list the therapist's name, organization, phone number, & e-mail address (very important):	

"My Stroller" Program Background:

Is your child currently working with a licensed Physical or Occupational Therapist?	❑ Yes ❑ No
If yes, please list the therapist's name , organization, phone number, & e-mail address (very important):	

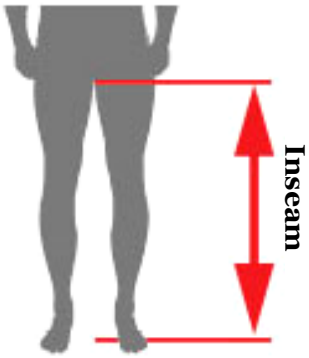
"My Voice" Program Background:

Has your child ever had a speech and language evaluation?	❑ Yes ❑ No
Does your child currently use a communication device in **school**?	❑ Yes ❑ No
Does your child currently use a communication device in **therapy**?	❑ Yes ❑ No
Does your child currently work with a licensed Speech Language Pathologist (SLP)?	❑ Yes ❑ No
If yes, please list the SLP's name, organization, phone number, & e-mail address (very important):	

4a) PROGRAM SPECIFICS (cont.):

For "My Bike" or "My Stroller" Programs Only:

Child's Height: _____
Child's Weight: _____ ***Maximum Weight Capacity for the adaptive bike and adaptive stroller is 200 lbs. as determined by the manufacturer.*
Child's Inseam Measurement (see right): _____ **Measure the child's inseam from the groin to the bottom of the foot with shoes on.**



Must include inseam measurement to be processed—very important

For "My Bike" / "My Stroller" / "My Voice" Programs, Describe the Importance of the Equipment:

As the child's parent/legal guardian, please describe why having an adaptive bike, adaptive stroller, and/or communication device is important for your child/family (try to be specific).

This information will help Variety gain greater understanding and create a stronger program.

5) LETTER OF MEDICAL JUSTIFICATION:

A letter of medical justification specific to your child and the equipment you're applying for is required.

"My Bike" Letter of Medical Justification Format:

The letter of medical justification (LMJ) for Variety's "**My Bike**" Program may be completed by the child's current licensed Physical Therapist, Occupational Therapist, or Primary Care Physician.

The LMJ should be printed on letterhead, signed, and dated.

Some essential elements required in the LMJ, include:

- The reasoning behind requesting a Rifton adaptive bike.
- Why this equipment would be medically appropriate and therapeutic for the child.
- The child's current height, weight and inseam measurement (important in order to determine bike size).
- Whether or not the child has trialed a Rifton adaptive bike.

The licensed medical professional completing the LMJ should include their full name, title, organization, phone number, an e-mail address, and any related credentials.

If you have Rifton adaptive bikes available, then a "My Bike" Program fitting form can be obtained from our website at www.varietypittsburgh.org/my-bike/apply or by calling the Variety office at 724-933-0460.

Children should not be fit for a bike until their application is been approved by Variety.

If the applicant has never trialed a Rifton adaptive bike with a licensed medical professional, then a "My Bike**" fitting/evaluation will need scheduled by Variety, and is only scheduled once Variety has approved all necessary paperwork (**see page 14**).

"My Stroller" Letter of Medical Justification Format:

The letter of medical justification (LMJ) for Variety's "**My Stroller**" Program may be completed by the child's current licensed Physical Therapist, Occupational Therapist, or Primary Care Physician.

"My Stroller" is not only for those with mobility needs (or those already using mobility equipment), but also for children that are in need of equipment for safety concerns while out in public (*e.g. kids that are runners, bolters, or unaware of their surroundings*).

The LMJ should be printed on letterhead, signed, and dated.

Some essential elements required in the LMJ, include:

- Does the child applying for a Kid Kart Mighty Lite adaptive stroller currently use a wheelchair or stroller? Is it standard or motorized?
- If yes, when did the child receive this equipment and was it covered by insurance?
- How is the child's current equipment used (if applicable)? Is it his or hers main form of mobility?
- Does any current equipment (or lack of needed equipment) prohibit the child or family as a whole from participating in trips, outings, or daily activities?

A "My Stroller" Program measurement sheet and order form can be obtained from our website at www.varietypittsburgh.org/my-stroller/apply or by calling the Variety office at 724-933-0460.

The licensed medical professional completing the LMJ (as well as measurement sheet and order form) should include their full name, title, organization, phone number, an e-mail address, and any related credentials.

5a) LETTER OF MEDICAL JUSTIFICATION (cont.):

"My Voice" Letter of Medical Justification:

The letter of medical justification (LMJ) for Variety's "**My Voice**" Program must be completed by a licensed Speech Language Pathologist (SLP) with ASHA Certification who also completed an evaluation of the child using an iPad, and can then provide a recommendation for the appropriate communication application, which has been trialed by the SLP with the child.

If a licensed SLP is writing the LMJ, but does not have ASHA Certification, then he/she can have their ASHA Certified Supervisor sign off on the LMJ that's being prepared for the child and submitted to Variety.

The LMJ should be printed on letterhead, signed, and dated.

Some essential elements required in the LMJ, include:

- A general statement that discusses the child's background information, child's documented diagnoses, child's communication disorder(s), and current status/severity of the child's communication disorder(s).
- What does the child currently demonstrate in regards to his/her speech?
- How does the child currently communicate?
- Does the child have a history of using an iPad as a communication device?
  If so, what communication application(s) were used?
- Is an iPad appropriate for the child as a communication device?
- What application are you recommending for the child in using an iPad communication device?
- Does the child possess the fluent and intelligible speech skills necessary to communicate by solely using natural speech?
- What are the child's specific communication needs at this time?
- Has any assessment or evaluation tools been used with the child in the past?

The licensed and ASHA Certified SLP completing the LMJ should include their full name, title, organization, phone number, an e-mail address, and any related credentials.

6) REQUIRED SIGNATURE:

Affirmation of Truth:

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.

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 Pittsburgh, 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.

Disclaimer:

Variety—the Children's Charity strives to provide adaptive equipment that is individually customized for eligible children ages of 4 through 21. 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 maintaining or repairing any equipment. It is the sole responsibility of the Recipient's parent(s)/legal guardian(s) to maintain, and /or repair.

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 parent(s)/legal guardian(s).

Before disbursement of any equipment, the parent(s)/legal guardian(s) of the Recipient must have this form signed.

I have read and fully understand and agree to the above affirmation of truth, release of liability, and disclaimer.

I _____
(Parent/Legal Guardian's **Name Printed**)

_____
(Parent/Legal Guardian's **Signature**) Date

I _____
(Parent/Legal Guardian's **Name Printed**)

_____
(Parent/Legal Guardian's **Signature**) Date

am the Parent/Legal Guardian of

_____
(Recipient's Name Printed)

Should the equipment no longer be needed (or outgrown), Variety requests that the parent(s)/legal guardian(s) contact Variety for equipment to be returned.

6a) OPTIONAL SIGNATURE:

Authorization to Use Name and Likeness:

The Recipient and his/her parents or legal guardians hereby acknowledge and agree that acceptance of the enabling equipment from Variety—the Children's Charity may result in publicity. The Recipient and his/her parents or legal guardians 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 guardians 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 guardians 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 Signature Date

Parent/Legal Guardian Signature Date

(Signature is required of <u>all</u> legal guardians.)

Please note that your signature is not required on this form for the application to be considered by Variety—the Children's Charity.

<u>However, we do require photos of your child with their awarded equipment.</u>

Please note that we will only publish photos of children authorized by families signing this release form. Other photos will be kept confidential. All 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.

7) BIKE FITTING / EVALUATION:

For "My Bike" Program Only, Fitting/Evaluation Details:

As part of Variety's "My Bike" Program application process, it is required that every child be individually fitted/evaluated on a Rifton adaptive bike. This fitting/evaluation can either be completed by the child's current licensed Physical Therapist, Occupational Therapist, or Personal Care Physician.

A "My Bike" Program fitting form can be obtained from our website at www.varietypittsburgh.org/my-bike/apply or by calling the Variety office at 724-933-0460.

Children should not be fit for a bike until their application is been approved by Variety.

Otherwise, the child must attend a scheduled "My Bike" regional fitting/evaluation with Variety.

Fitting / Evaluation Requirements:

- The parent/legal guardian must be present with the child at the fitting/evaluation and have the ability to assist the child on and off of the Rifton adaptive bike. Verbal support will be provided to you in this process.
- For safety purposes, it is required that all children bring a bike helmet to wear while riding the bike and wear closed toe shoes. If a child is living with a sensory issue and is unable to wear a helmet, they may not be eligible for the equipment.
- The parent/legal guardian is asked to please wear comfortable shoes to the fitting/evaluation (i.e. tennis shoes) in order to keep up with the child while on the equipment.
- The parent/legal guardian must be able to accompany the child while he/she is riding the Rifton adaptive bike to ensure safety.

There are four important things to learn about during a fitting/evaluation:

1. The stationary brake;
2. The lap belt;
3. The pedal foot straps; and
4. Speed control and safety.

Variety wants you to understand the importance of child safety on the bike, therefore it is important to know that aside from the hand brake, you are your child's means of breaking from behind the bike. The parent/legal guardian should always be within close proximity while the bike is in use.

Variety—the Children's Charity supports the American Academy of Pediatrics position that children must be provided with helmets (approved by the Consumer Product Safety Commission [CPSC]) and taught to wear them properly on every ride, starting when they get their first bike or tricycle. Please note that Variety does not provide helmets for the child.

8) APPLICATION CHECKLIST:

- ☐ Completed all applicable sections of the Variety Program application.
- ☐ Compiled all copies of appropriate income verification information.
- ☐ Obtained a Letter of Medical Justification (LMJ) from the appropriate licensed medical professional for each program that you're applying to (**see pages 10-11 for specifics**).
- ☐ Signed the Release of Liability, Affirmation of Truth Statement, and Disclaimer form (**required**).
- ☐ Signed the Authorization to Use Name and Likeness (*optional*).
- ☐ **"My Bike" Only**: Completed a fitting/evaluation for an adaptive bike—if you're unable to get a bike fitting locally, then Variety will get one scheduled for your child (**see page 14 for specifics**).

Please return all documents to:

Variety—the Children's Charity
11279 Perry Highway, Suite 512 | Wexford, PA 15090
Fax: 724-933-0466

The application can also be completed online at www.varietypittsburgh.org/applynow

If you have any questions, please call the Variety office at 724-933-0460.

Once everything is completed and submitted to Variety, what happens now?

As part of the program, Variety requires the applicant and his/her parent or legal guardian to attend a scheduled regional presentation to receive the equipment in order to properly review all safety and equipment specifics before it is taken home. *Please be aware that the scheduling of these presentations can take some time, so your patience is greatly appreciated.* Equipment must be presented within one year of application approval.

Thank you for your interest in Variety's adaptive equipment programs!

"My Bike" "My Stroller" "My Voice"







It's all about the kids!

Variety—the Children's Charity
11279 Perry Highway, Suite 512 | Wexford, PA 15090
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www.varietypittsburgh.org