



## GRANT REQUEST APPLICATION

Variety Children's Charity of Northern California, 582 Market Street, Suite 101, San Francisco, CA 94104

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:

Select the best match for your application request  FREEDOM  FUTURE  CARE.

Date: \_\_\_\_\_ Child's name: \_\_\_\_\_ Child's age and birth date: \_\_\_\_\_

Child's diagnosis: \_\_\_\_\_

Child's treatment location: \_\_\_\_\_

Name of siblings & ages: \_\_\_\_\_

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

Parent/Guardian's e-mail addresses: \_\_\_\_\_

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: \_\_\_\_\_

Parent/guardian's occupation & place of employment: \_\_\_\_\_

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 benefit of the requested equipment, and the family's ability and willingness to participate financially in the purchase. Please indicate any other sources of financial assistance and the amount. Please feel free to attach additional pieces of paper if you need more room.

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*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.*

**If inaccurate statements can be proven to be the result of negligence or intentional inaccuracies on my/our part, Variety – The Children’s Charity of Northern California may be entitled to a full refund of any funds awarded.**

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Signature of Parent/Legal Guardian, Date

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Signature of Parent/Legal Guardian, Date

**GRANT APPLICATION CHECKLIST**

**The following items must be included with your application. Please mail all items as one packet.** If you have any questions or would like assistance from Variety in identifying durable equipment vendors, please call our office at (415) 781-3894. Thank you for your interest in Variety Children’s Charity of Northern California.

- Letter(s) of verification from professionals (therapist, doctor, social worker) who are most familiar with your Child’s needs. Letter(s) 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 applying for an adaptive bicycle you may provide **either** a letter from a therapist **or** a prescription from your child’s doctor – **both are not necessary.**)
- Copies of determinations from relevant insurance programs
- Copy of most recent pay stub and/or any government financial aid documents for *all* legal guardians.
- Two or three detailed quotes from suppliers that state the equipment or construction, all additional components necessary to make the project a perfect fit for your child, and total cost. (*Variety can assist you in choosing a supplier.*)
- Letter of Denial from Insurance Company (if applicable)
- Recent photo of the child
- If funding is approved, we do require photographs of child with equipment (preferably within a month of project completion). Please submit via e-mail to [info@varietync.org](mailto:info@varietync.org).*

**RELEASE OF LIABILITY**

In consideration of the receipt of certain enabling equipment awarded by Variety Children's Charity of Northern California, \_\_\_\_\_, (Recipient), him/herself or through his/her parent or legal guardian, hereby releases and forever discharges Variety - The Children's Charity International, Variety - The Children's Charity of the United States, and Variety – The Children's Charity of Northern California, their members, employees and officers (collectively, "Variety") from and against any and all claims arising from or 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.

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

I have read and fully understand and agree to the above Release of Liability.

\_\_\_\_\_  
(Legal Guardian's Signature) (Date)

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

I have read and fully understand and agree to the above Release of Liability.

\_\_\_\_\_  
(Legal Guardian's Signature) (Date)

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

## DISCLAIMER

The mission of Variety - The Children's Charity International, Variety - The Children's Charity of the United States, and Variety – The Children’s Charity of Northern California (collectively, “Variety”) is to help purchase enabling durable medical equipment (including, but not limited to, wheelchairs, van lifts, house ramps, adaptive car seats & strollers, specially-equipped bicycles & tricycles, bath equipment, and stairlifts) and assistive technology and communication devices for children, 18 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** (including, but not limited to a teacher, social worker, family friend, or doctor), **and returned to Variety.**

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

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

\_\_\_\_\_  
*(Legal Guardian's Signature)* *(Date)*

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

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

\_\_\_\_\_  
*(Legal Guardian's Signature)* *(Date)*

This document has been witnessed by

\_\_\_\_\_ on this date \_\_\_\_\_.  
*(Witness' Name)*

\_\_\_\_\_  
*(Witness' Signature)*

## AUTHORIZATION TO USE NAME AND LIKENESS

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of the enabling equipment (including, but not limited to, wheelchairs, van lifts, house ramps, adaptive car seats & strollers, specially-equipped bicycles & tricycles, bath equipment, and stairlifts) and assistive technology and communication devices from Variety may result in publicity. The Recipient and his/her parents or legal guardian hereby irrevocably authorize Variety - The Children's Charity International, Variety - The Children's Charity of the United States, and Variety – The Children's Charity of Northern California (collectively, "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 agree 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 release 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.

Variety requires photos of your child with his or her awarded equipment, in the event that his or her application is approved. Your signature is not required on this form for the application to be considered. Variety will only publish photos of children where so authorized by signatures on this release form. Other photos will be kept confidential.

Please consider that photos enhance Variety's fundraising efforts to secure additional funding from corporate sponsors, individuals, and community foundations, in order to continue to help children with disabilities.

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

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

\_\_\_\_\_  
*(Legal Guardian's Signature)* *(Date)*

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

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

\_\_\_\_\_  
*(Legal Guardian's Signature)* *(Date)*