



**VARIETY KIDS ON THE GO! PROGRAM APPLICATION**

**Please mail the completed application and all items stated in the checklist on page 2 to:**

**Variety - The Children's Charity of the U.S., 5757 Wilshire Blvd. Suite 445, Los Angeles, CA 90036**

.....  
Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Child's Age and Birth Date: \_\_\_\_\_

Address where child resides: \_\_\_\_\_  
\_\_\_\_\_

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

E-mail Address of Parent/Guardian: \_\_\_\_\_

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

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

Equipment needed and cost: \_\_\_\_\_

Prescribed by (name and title): \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

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

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

Referred to Variety by: \_\_\_\_\_

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

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

---

---

---

---

---

---

---

---

**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
------------------------------------	------

---

Signature of Parent/Legal Guardian	Date
------------------------------------	------

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

**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 323.954.0820. Thank you for your interest in Variety Kids on the Go!

- o Letter(s) of verification from professionals (therapist, doctor, social worker) who are most familiar with your child's needs. This letter should specify your child's needs for the equipment requested. Please include their e-mail address, phone number and mailing address.
- o A prescription from the child's doctor.
- o Copies of determinations from relevant insurance programs.
- o Copy of latest federal income tax return, pages 1 & 2, with the Social Security number blacked out
- o Clear, detailed description of equipment to meet child's needs.
- o Two or three detailed equipment bids from suppliers (*Variety can assist you in choosing a vendor*).
- o Recent photo of the child
- o Signatures of all legal guardians & complete demographic data.
- o *If funding is approved, we do require photographs of child with equipment (preferably within a month of project completion). Please use 35mm film or you can submit via email to erica@usvariety.org*