



SPECIALIZED MOBILITY EQUIPMENT APPLICATION

Mission Statement

Variety - the Children's Charity's mobility program provides specialized mobility equipment (adaptive bikes, gait trainers, standers, specialized strollers, etc) to help children gain strength and be active in their communities. Variety provides this equipment to children living with special needs who reside in Iowa, who are 21 years of age or younger.

Instructions

The submission of an application must include the items outlined on the checklist. Applications are reviewed on a quarterly basis, at minimum. Application and supporting documents can be emailed to mobility@varietyiowa.com or mailed to:

Variety of Iowa - 505 Fifth Avenue Suite 310, Des Moines, IA 50309

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Date of Application: _____ Received by Variety: _____

Child's Name: _____ Child's Age: _____ Birth Date: _____

Child's t-shirt size: _____ Has your child received a mobility item from Variety? If so, what year?: _____

List all legal guardians of this child (Name and relationship): _____

Address (home or agency where child resides): _____

County: _____

Primary Email Address of Parent/Guardian: _____

Primary Contact Phone Number: (Name) _____ (Home) _____ (Cell) _____

Secondary Phone Number: (Home) _____ (Cell) _____

Medical Diagnosis/Nature of Disability: _____

Have you applied to your insurance for the item requested? (not required): _____

Name of Person Completing Application: _____

Relation to Child: _____

Address: _____

Email Address: _____ Phone Number: (Home) _____ (Cell) _____

Please list the names of two health care professionals who have worked with the child, and can verify the need for a specialized mobility equipment. We will not contact these individuals without your authorization.

NAME OF PROFESSIONAL & AGENCY

PHONE

OCCUPATION

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please sign here if you consent to Variety contacting the individuals above to discuss your child's equipment needs: _____

Please describe in your own words, what this equipment would mean to your family and how it will impact your child.

Father's occupation and place of employment: _____

Mother's occupation and place of employment: _____

Household yearly income: _____

Please indicate the number of dependents in the child's family: _____



RELEASE OF LIABILITY

In consideration of the receipt of mobility 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 Iowa, 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 mobility 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 bicycle/tricycle

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(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 of Iowa.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(Signature is required of all legal guardians.)



DISCLAIMER

Variety - the Children's Charity's mobility program provides specialized mobility equipment (adaptive bikes, gait trainers, standers, specialized strollers, etc) to help children gain strength and be active in their communities. Variety provides this equipment to children living with special needs who reside in Iowa, who are 21 years of age or 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 maintaining or repairing equipment. It is the sole responsibility of the Recipient's legal guardian(s) to maintain and/or repair 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). Variety prohibits the resale of the specialized equipment provided by Variety. If your child outgrows the equipment or does not use it, please contact Variety to discuss proper reclaiming and/or disposal protocols.

Before the application can be processed, the legal guardian(s) of the Recipient must have this form signed and returned to Variety.

I _____
(Legal Guardian's Name) (Legal Guardian's Signature)

am the Legal Guardian of _____
(Recipient's Name printed)

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

.....
I _____
(Legal Guardian's Name) (Legal Guardian's Signature)

am the Legal Guardian of _____
(Recipient's Name printed)

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



AUTHORIZATION TO USE NAME AND LIKENESS

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of the mobility equipment from Variety may result in publicity. The Recipient and his/her parents or legal guardian 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 guardian 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 guardian 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

Date

Parent/Legal Guardian

Date

*(Please note that your signature is not required on this form for the application to be considered by Variety - the Children's Charity. **However, we do require photos of your child with their awarded equipment.** Please note that we will only publish photos of children authorized by families signing this release form. Other photos will be kept confidential. However, these photos enhance our fundraising efforts to secure additional funding from corporate sponsors, individuals, and community foundations to help children and to continue our programs.)*

SPECIALIZED BIKE PROGRAM APPLICATION CHECKLIST

Please include the following items with your application and either email to mobility@varietyiowa.com or mail as one packet to the Variety office. Only completed applications will be reviewed. If you have any questions, please call Alexa Lord at: 515-243-4660 extension 14.

TO COMPLETE YOUR APPLICATION, THE FOLLOWING INFORMATION IS NEEDED.

PLEASE SEND AS ONE PACKET:

Completed and signed application

Letter(s) of verification from professionals you identified (therapist, doctor, social worker) who are most familiar with your child's needs. This letter should specify your child's needs for the specific piece of mobility equipment requested

Clear, detailed description of equipment to meet child's needs

A bid or quote for the equipment requested. Variety can assist you with quotes for mobility equipment

Signature on Release of Liability form

Signature on Affirmation of Truth Statement

Signature on Disclaimer

Authorization to Use Name & Likeness (signature optional)

Completed and signed Form W9 (submitted for one parent/guardian)

Recent photo of the child (.jpg or .png preferred)

Signatures of all legal guardians

If funding is approved, we do require photographs of child with equipment (preferably within a month of project completion). Photos can be submitted digitally to mobility@varietyiowa.com

Please return to:

Variety – the Children's Charity of Iowa
ATTENTION: MOBILITY PROGRAM
505 5th Avenue, Suite 310
Des Moines, IA 50309