

Program Application

My Bike®
Program



My Stroller®
Program



My Voice®
Program



variety
the children's charity®

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 adaptive 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 a restricted 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.

This device is designed solely for communication, so most features are disabled / restricted to focus on the child’s communication and their one prescribed communication app –making it their voice.

“Our **My Voice®** Program is financed {in part} by a grant from the Commonwealth of Pennsylvania, Department of Community and Economic Development as well as generously funded by community donations.”

SOME THINGS TO KNOW:

- **We welcome you to apply for more than one of Variety’s equipment programs!** At Variety, if your child is eligible and can benefit from one, two, or all three pieces of equipment, then we want you to apply!
- If your child outgrew their mobility or communication equipment provided by Variety, then you are able to re-apply after 3 years (for mobility) or 4 years (for communication). **See pages 10,12-13 for more details.**
- Equipment must be presented within one year of application approval or a new application must be completed.
- Please note there is **NO CATCH** to our programs. Equipment is free to those that qualify and can benefit.

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 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.

WHO IS ELIGIBLE?

1. Reside in one of the 71 counties that Variety currently serves, including:

59 counties in Pennsylvania: Adams, Allegheny, Armstrong, Beaver, Bedford, Blair, Bradford, Butler, Cambria, Cameron, Carbon, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lackawanna, Lawrence, Lehigh, Luzerne, Lycoming, McKean, Mercer, Mifflin, Monroe, Montour, Northampton, Northumberland, Perry, Pike, Potter, Schuylkill, Somerset, Snyder, Sullivan, Susquehanna, Tioga, Union, Venango, Warren, Washington, Wayne, Westmoreland, Wyoming, 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, Personal Care Physician, Physician Assistant, or Certified Nurse Practitioner (**see pages 10 or 12**), or (*if applying for a communication device*), a documented communication disorder by your child’s licensed Speech Language Pathologist (preferably with ASHA Certification) - **see page 13**.
3. Be 3 through 21 years of age. An application may be submitted up to 60 days prior to a child’s 3rd birthday.
4. Applicant's household income must not exceed 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	\$86,200	\$108,600	\$131,000	\$153,400	\$175,800	\$198,200	\$220,600

–For each additional household member, please add \$22,400.

HOW TO APPLY:

1. Read the application carefully and complete all information. **PLEASE PRINT IN INK.**
2. If you need help completing the application, please call Variety at **724-933-0460**.
3. Include 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 (LMJ) from a licensed medical professional for each program(s) that you’re applying to (**see pages 10-13 for specifics**).
5. Each parent/guardian living in the household **MUST** sign and date the application (**on page 14**) before it can be processed.

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 Name:
School Child Attends:			
School District Child Resides In:		Any Labor Union Affiliation (for the parent or any relative)?	
Primary Insurance Company:		Secondary Insurance Company:	
Home Phone Number:		Cell Phone Number:	Best time to call:
Email Address (<i>please check on regular basis as we will use it to communicate with you</i>):			

2) HOUSEHOLD INFORMATION:

Please list all the people living 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	
		M F	



3) INCOME VERIFICATION:

As part of the program application, Variety requires documentation to verify your **household** income.

Who makes up your household?

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

As an example, income can include, but is not limited to:

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

CHOOSE ONE OF THREE options to verify your household income:

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 Form 1040 with all related schedules (valid up to April 15th for the previous year's return).

OPTION 2 Submit Verification of Enrollment in One of These Programs:

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

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

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

3a) INCOME VERIFICATION (cont.):

OPTION 3 Submit documentation outlined for one of the choices 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 chart below for all persons in your household that have income.

Whose Income Is This? (name of household member):	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Has your child ever been on a Rifton adaptive bicycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Is your child currently working with a licensed Physical or Occupational Therapist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the therapist's name, organization, phone number, & e-mail address (<u>very helpful</u>):	

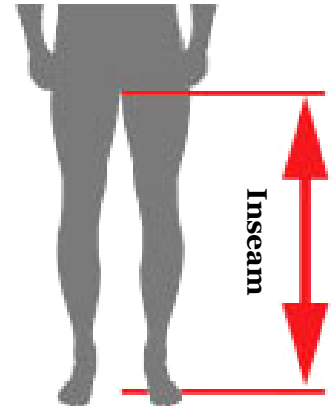
My Stroller® Program Background:

Is your child currently working with a licensed Physical or Occupational Therapist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the therapist's name, organization, phone number, & e-mail address (<u>very helpful</u>):	

4a) PROGRAM SPECIFICS (cont.):

For My Bike® Program or My Stroller® Program Only:

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



****Must include inseam measurement to be processed—very important to determine approval*
 Minimum inseam length for the smallest bike is 17 inches.***

My Voice® Program Background:

Has your child ever had a speech and language evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does your child currently use a communication device in school ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does your child currently use a communication device in therapy ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does your child currently work with a licensed Speech Language Pathologist (SLP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the SLP's name, organization, phone number, & e-mail address (<u>very helpful</u>):	

5) MY BIKE® LMJ:

Who can write the Letter of Medical Justification (LMJ) for Variety's My Bike® Program?

A certified medical professional who is currently seeing the child, such as a:

1. Physical Therapist,
2. Occupational Therapist,
3. Primary Care Physician,
4. Physician Assistant,
5. Nurse Practitioner.

What needs to be included in the letter?

The LMJ must be printed on letterhead, signed, and dated by the author, who should describe:

- Why a Rifton adaptive bike is being requested for the child.
- 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 ever trialed a Rifton adaptive bike.

The licensed medical professional writing the LMJ should include their:

- ⇒ Full name,
- ⇒ title,
- ⇒ organization,
- ⇒ phone number,
- ⇒ e-mail address, and
- ⇒ any related credentials.

Please note that the LMJ doesn't need to be lengthy, as long as it addresses everything listed above.

Can I apply for a second bike?

YES! If your child received an adaptive bike through Variety and outgrew it, you are welcome to apply for a larger sized bike **three-years after you received the first one.**

To reapply, your child must still meet all of the eligibility guidelines outlined in the application, and a full application must be completed (including a bike fitting/evaluation).

If reapplying, we ask that current equipment be returned to Variety, who will coordinate a convenient time to pick it up from you.

5a) MY BIKE® Fitting & Evaluation:

As part of Variety's My Bike® Program application process, it is required that every child be individually evaluated on a Rifton adaptive bike.

If Rifton adaptive bikes are available, then the fitting/evaluation can be done by those listed on page 10 .

A My Bike® Program fitting form can be obtained by calling the Variety office at 724-933-0460 or at www.varietypittsburgh.org/my-bike/eligibility.

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

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

Fitting / Evaluation Requirements:

- The parent/legal guardian must attend the fitting/evaluation with the child and have the ability to help the child on and off the equipment.
- It is required that all children bring a bike helmet to wear while riding the bike and wear closed toe shoes, as their feet will be strapped into the pedals. 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 should wear comfortable shoes 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, as this is customized medical equipment.

An overview of the equipment and its features will be given at the start of the fitting/evaluation.

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 (or whoever is with the child) 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.

6) MY STROLLER® LMJ:

Who can write the Letter of Medical Justification (LMJ) for Variety's My Stroller® Program?

A certified medical professional who is currently seeing the child, such as a:

1. Physical Therapist,
2. Occupational Therapist,
3. Primary Care Physician,
4. Physician Assistant,
5. Nurse Practitioner.

Who should apply for this equipment?

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

What needs to be included in the letter?

The LMJ must be printed on letterhead, signed, and dated by the author, who should describe:

- Does the child 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 their main form of mobility?
- Does any current equipment (or lack of equipment) prohibit the child or family as a whole from participating in trips, outings, or daily activities?
- Regarding the Kid Kart Mighty Lite adaptive stroller, please give a brief justification for any additional accessories being added to the child's stroller (see stroller order form for a list of availability).

The licensed medical professional writing the LMJ should include their:

- ⇒ full name,
- ⇒ title,
- ⇒ organization,
- ⇒ phone number,
- ⇒ e-mail address, and
- ⇒ any related credentials.

Please note that the LMJ doesn't need to be lengthy, as long as it addresses everything listed above.

If able and willing, the author can also complete the stroller order form. The equipment is not needed to fill out this form, if you know the child's measurements / needs.

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

Can I apply for a second stroller?

YES! If your child received an adaptive stroller through Variety and outgrew it, you are welcome to apply for a larger sized stroller **three-years after you received the first one.**

To reapply, your child must still meet all of the eligibility guidelines outlined in the application, and a full application must be completed (including a stroller fitting/evaluation).

If reapplying, we ask that current equipment be returned to Variety, who will coordinate a convenient time to pick it up from you.

7) MY VOICE® LMJ:

Who can write the Letter of Medical Justification (LMJ) for Variety's My Voice® Program?

Only a licensed / certified Speech Language Pathologist (preferably with their ASHA Certification) can write the LMJ. This author should also have completed an evaluation with the child using an iPad, and be able to provide a recommendation for the appropriate communication application that successfully works with the child.

What does Variety's My Voice® Program provide?

- * 1 communication device (that is an iPad that's completely restricted to only focus on communication),
- * 1 communication application (no restrictions on the app, as long as it's prescribed by the SLP),
- * 1 specialized case and 1 screen protector, and
- * 2 years of Apple Care (warranty).

What needs to be included in the letter (we cannot accept an IEP)?

The LMJ must be printed on letterhead, signed, and dated by the author, who should describe:

- A general statement on the child's background, child's documented diagnoses and/or communication disorder(s), and its severity.
- How does the child currently communicate?
- What are the child's specific communication needs at this time?
- Does the child have a history of using an iPad as a communication device? If so, what communication application(s) were trialed with the child?
- Is an iPad appropriate for the child as a communication device?
- What application is being recommended for the child in using an iPad as a communication device? We take the recommendation of the communication app directly from the SLP. **Only one app can be funded.**

The licensed medical professional writing the LMJ should include their:

- ⇒ Full name,
- ⇒ title,
- ⇒ organization,
- ⇒ phone number,
- ⇒ e-mail address, and
- ⇒ any related credentials.

Please note that the LMJ doesn't need to be lengthy, as long as it addresses everything listed above.

Can I apply for a second device?

YES! If your child received a communication device through Variety, you are welcome to apply for a second device **four-years after you received the first one.**

To reapply, your child must still meet all of the eligibility guidelines outlined in the application, and a full application must be completed.

If reapplying, we do not need the device back.

8) REQUIRED SIGNATURE(S):

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 3 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 application approval or disbursement of any equipment, the parent(s)/legal guardian(s) of the Recipient must read and sign this form. Each parent or legal guardian living in the household MUST sign.

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

I _____
(Print Name of Parent/Legal Guardian #1)

(Signature of Parent/Guardian #1)

Today's Date

I _____
(Print Name of Parent/Legal Guardian #2)

(Signature Parent/Legal Guardian #2)

Today's Date

am the Parent/Legal Guardian of

(Print Name of Child Recipient)

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

8a) ADDITIONAL 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 #1 Signature

Today’s Date

Parent/Legal Guardian #2 Signature

Today’s Date

Please note that your signature is not required on this form for the application to be considered by Variety—the Children's Charity, but it greatly helps us to build a stronger program and further our engagement and support.

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. 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.

10) 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, 12-13 for specifics**).
- Signed the Release of Liability, Affirmation of Truth Statement, and Disclaimer form (**required**).
- Signed the Authorization to Use Name and Likeness (*optional, but helpful to furthering our impact*).
- 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 11 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?

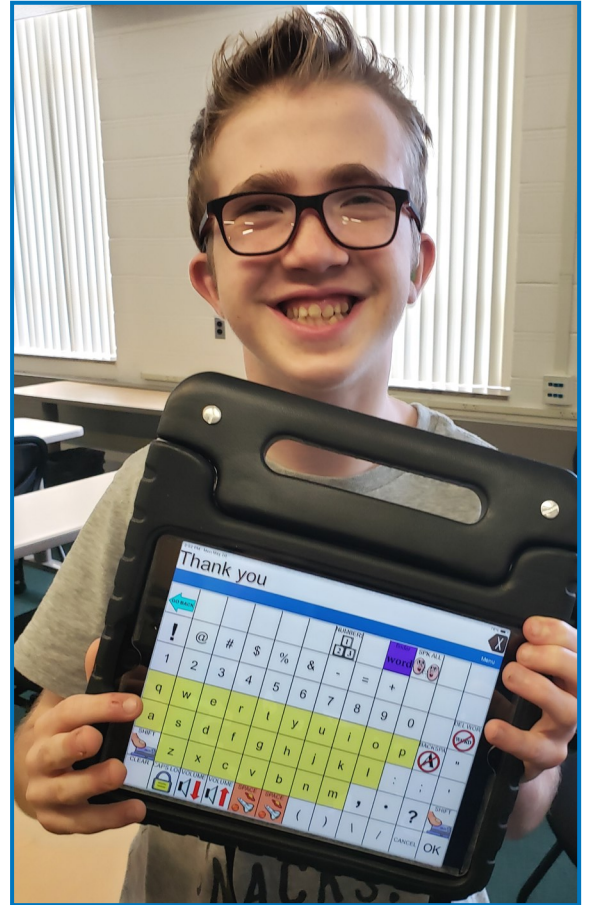
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Thank you for your interest in Variety's adaptive equipment programs!

My Bike® Program

My Stroller® Program

My Voice® Program



It's all about the kids!

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