



“My Voice” Program Application



“It hurts me so much that she can’t talk to me.

They have one for her in school, but it doesn’t come home, so I don’t understand her, and she gets so upset and sad about it.

I want her to know that I love her just as much as her sisters and everyone else... and she can tell me anything.

That would mean the world to me.”

- Kristyn , mother of Allysha

Variety & “My Voice”:

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Variety—the Children’s Charity provides children with disabilities unique programs, experiences, and equipment, so they may live life to the fullest and no longer be left out, left behind, or excluded.

Specifically, 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.

“My Voice” Program Eligibility:

To be eligible for “My Voice”, the following criteria must be met:

1. **Location**—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.

-Currently, Variety is only able to provide funding to a child living in a household with his/her parent or legal guardian (e.g. funding cannot be provided to a child living in a group home).
2. **Diagnosis**—Have a communication disorder documented by a Speech Language Pathologist.
3. **Age**—Be 4 through 21 years of age. An application may be submitted up to 60 days prior to the child’s 4th birthday.
4. **Application**—Current “**My Voice**” Program application completed.
5. **Income**—Applicant’s household income must meet Variety’s Program income guidelines. Income verification will be required of all applicants.

# Of Household Members	2	3	4	5	6	7	8
Household Salary	\$81,200	\$102,100	\$123,000	\$143,900	\$164,800	\$185,700	\$206,600

—For each additional person, please add \$20,900.

6. **Letter of Medical Justification (LMJ)**—Submit a letter of medical justification (see page 12) from a Speech Language Pathologist indicating that the child has successfully trialed an iPad as a communication device and that this device would be appropriate for the child to use at home and at school (for questions, please contact the Variety office at 724-933-0460).
7. **Follow-up**—A phone consultation with Variety’s Program Manager may be required with the parent and/or the Speech Language Pathologist for more information following review of the application.
8. **Presentation Requirement**—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.

How to Apply:

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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. Attach copies of proof of all household gross income (before taxes and deductions) that reasonably represents your household's current income. All income documents should be dated within 60 days of the date you apply (except tax returns).

You might be asked to provide further verification, if needed.

Proof of household income verification is listed below:

- **If a household member is employed:** Two pay stubs from the last 60 days for each person working in the household. **Send more pay stubs if pay changes regularly.** If you do not get pay stubs, submit a signed and dated letter from the employer on company letterhead which states the hourly rate, number of hours (regular and overtime) worked per pay, frequency of pay and gross pay. Bonus and commission information should be provided, as well.
- **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.
- **If a household member is a seasonal or temporary employee:** Indicate the number of months worked during the year and if Unemployment Compensation is received when not working.
- **If a household member receives Unemployment Compensation:** Submit the Notice of Financial Determination award letter or check stubs.
- **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.
- **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.

Your Child Meets Variety's Income Guidelines If:

Pages 6 and 7 of this application must still be completed in full.

- **Your household is enrolled in the Supplemental Nutrition Assistance Program (SNAP).** Submit proof of enrollment (e.g. documentation of enrollment for the current year) —and complete pages 6 and 7 of this application.
- **Your child is income eligible for and enrolled in the free/reduced meal program.** Submit documentation from your child's school to verify income eligibility and enrollment —and complete pages 6 and 7 of this application.
- **Your child is enrolled in the Children's Health Insurance Program (i.e. free or low cost only).** Submit documentation of enrollment —and complete pages 6 and 7 of this application.

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4. When you have completed the application and gathered copies of all necessary supporting documentation, please sign and date the application and return it to Variety.

Tell us about the child applying:

How did you hear / learn about Variety's "My Voice" Program?					
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:					

Speech Therapy Background:

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

Please list all the people who live in your household. Start with yourself:

[illegible]

Income:

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Please tell us about the income (both earned and unearned) of any child or adult you have listed on this application. **You must send us proof of all income.**

Earned Income includes income from a job or self-employment. You must send us proof of income. For example, a single pay stub for a person who routinely receives the same amount of wages each pay period is acceptable. If your income changes regularly, send us more income documents. All income documents must be dated within the past 60 days (except tax returns).

Unearned Income is income that you did not currently “work” to receive, and can include income from retirement / pension plans, workers’ compensation, social security, child support payments, and unemployment benefits. All income documents must be dated within the past 60 days (except tax returns).

Send copies — we cannot send originals back to you. Add an additional sheet of paper, if needed.

Does anyone have income from:

Employment (wages, tips, commissions, bonuses) ☐ Yes ☐ No

If yes, please fill out the following fields:

Whose income is this?

Employer’s Name:

How often is the income received (weekly, bi-weekly, monthly, bi-monthly, etc.)?

Does this income change (for example, overtime, seasonal, etc.)? If yes, please explain.

☐ Yes ☐ No

Amount received before taxes and deductions (gross amount):

Number of hours worked per month:

Number of hours worked per year:

Does anyone have income from:

Employment (wages, tips, commissions, bonuses) ☐ Yes ☐ No

If yes, please fill out the following fields:

Whose income is this?

Employer’s Name:

How often is the income received (weekly, bi-weekly, monthly, bi-monthly, etc.)?

Does this income change (for example, overtime, seasonal, etc.)? If yes, please explain.

☐ Yes ☐ No

Amount received before taxes and deductions (gross amount):

Number of hours worked per month:

Number of hours worked per year:

Does anyone have income from: Employment (wages, tips, commissions, bonuses) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please fill out the following fields:	
Whose income is this?	
Employer's Name:	How often is the income received (weekly, bi-weekly, monthly, bi-monthly, etc.)?
Does this income change (for example, overtime, seasonal, etc.)? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount received before taxes and deductions (gross amount):
Number of hours worked per month:	Number of hours worked per year:

Unearned Income (see page 6 for specifics): <u>Please submit copies for all income checked off below.</u>						
Does anyone have income from: (Please check Yes or No)	Yes	No	Whose income is this?	How often is Income received (weekly, bi-weekly, etc.)?	Amount received before taxes & deductions	Does this income change? Yes No
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Pension/Retirement	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Dividends/Interest	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Child Support/Alimony	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Social Security (retirement, survivors, disability)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Rental Property (You pay someone to manage.)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>

Affirmation of Truth:

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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.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(Signature is required of all legal guardians.)

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.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(Signature is required of all parents / legal guardians).

Disclaimer:

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Variety strives to provide adaptive equipment (including communication devices) that are individually customized for eligible children ages 4 through 21 years of age. 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 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, and returned to Variety.

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

I _____

(Parent / Legal Guardian's Name Printed)

(Parent / Legal Guardian's Signature)

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.**

Authorization to Use Name and Likeness:

The Recipient and his/her parents or legal guardians hereby acknowledge and agree that acceptance of funding from Variety 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 guardians 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 funding 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

Date

Parent/Legal Guardian

Date

(Signature is required of all 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. 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 with disabilities and to continue our programs. Thank you).

Letter of Medical Justification:

The letter of medical justification must be done by a Speech Language Pathologist (SLP), who completed an evaluation of the child and can then provide recommendations for the appropriate application, which has been trialed by the SLP with the child.

The letter should be printed on letterhead, signed, and dated by the SLP.

Some essential elements required in the letter of medical justification, include:

- A general statement that discusses the child's background information, child's 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 (s) 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 SLP completing the letter of medical justification should include their full name, title, organization, phone number, and e-mail address.

Please describe why having a communication device is important for your child (please use the space below or a separate sheet of paper if needed). **This will help Variety gain a greater understanding and create a stronger program.**

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Variety's "My Voice" Program Checklist:

- ☐ Current "**My Voice**" Program Application completed.
- ☐ Copies of appropriate income verification information submitted.
- ☐ A letter of medical justification (LMJ) from a Speech Language Pathologist submitted indicating that the child has trialed an iPad as a communication device and that this device would be appropriate for the child to use at home and at school (**see page 12** for more information or please contact the Variety office at 724-933-0460).
- ☐ Signature on Release of Liability form, Disclaimer, & Affirmation of Truth Statement.
- ☐ Authorization to Use Name & Likeness (*signature optional*).

Variety requires the applicant and his/her parent or legal guardian attend a scheduled regional presentation to receive the equipment in order to properly review equipment specifics before it is taken home.

Please return all documents to:

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

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

Thank you for your interest in Variety's "My Voice" Program!

Also Offered By Variety...

Variety—the Children’s Charity currently offers two other programs focused on adaptive equipment for eligible children, including:

- **Variety’s “My Bike” Program**, which currently provides Rifton adaptive bikes that are individually customized for eligible children with disabilities, so that they can experience the joy, freedom, and belonging created through a bike.
- **Variety’s “My Stroller” Program**, which currently provides a Kid Kart® Mighty Lite adaptive stroller to eligible kids with disabilities. 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.

If you need information on any of these programs, please visit the Variety website at www.varietypittsburgh.org or give us a call at 724-933-0460.





“Dante is completely nonverbal and this device will allow him to share what he wants to eat or when he doesn’t feel good.

As his mother, I have to be able to tell when Dante does not feel well. A few years ago, we had an incident where Dante was not acting right. I could tell something was bothering him, but he could not tell me. Dante could not tell us where he hurt. If Dante had been able to communicate with us, we would have been able to get him treatment sooner.” - Kristie, mother of Dante



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