



“My Stroller” Program Application



“Having an adaptive stroller for Tina would make life a lot easier because sometimes you can’t take her wheelchair along. We spend a lot of time outside going for a walk or to the park, and being able to grab the stroller and “go” would be wonderful! With this stroller... we are never going to be stuck at home!” – Laura, mother of Tina

Variety & “My Stroller”:

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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 not be left out, left behind, or excluded.

Specifically, Variety’s “**My Stroller**” Program 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 and throughout the community. With an adaptive stroller, kids are no longer isolated and it has an immediate impact on their lives.

“My Stroller” Program Eligibility:

To be eligible, 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 diagnosed physical, mental, and/or sensory disability documented by your child’s current physical / occupational therapist, or personal care physician.
3. **Age**—Be 4 through 21 years of age. An application may be submitted up to 60 days prior to a child’s 4th birthday.
4. **Application**—Current “**My Stroller**” application completed.
5. **Income**—Applicant’s household income must meet Variety’s 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 from a physical / occupational therapist or personal care physician indicating and detailing that the Kid Kart® Mighty Lite adaptive stroller would be medically appropriate and therapeutic for the child (**see page 12 for more information**).
7. **Follow-up**—A phone consultation with Variety’s Program Manager may be required with the parent and/or the health professional writing the letter of medical justification 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:

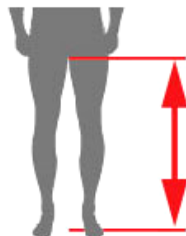
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How did you hear / learn about Variety's "My Stroller" Program?					
Last Name: (Child)		First Name: (Child)		Middle Initial:	
Diagnosis (es):					
Date of Birth:			Age:		Gender:
Street Address:				Apt.:	
City:		State:	Zip Code:		County:
School Child 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:					
Is your child currently working with a physical or occupational therapist?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list therapist's name , organization, number, & e-mail (<u>important</u>):					

Child's Specifics (please complete):

Must include inseam measurement to be processed

Child's Height:	_____
Child's Weight:	_____
*Maximum Weight Capacity is 200 lbs. as determined by the manufacturer.	
Child's Inseam Measurement:	_____
Please measure the child's inseam from the groin to the bottom of the foot (with shoes on). The extended leg should reach from seat to pedal comfortably when both feet and torso are strapped into place.	



Inseam

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 of all income checked 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:

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 parents / 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 strollers that are individually customized for eligible children ages of 4 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 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)

<p>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.</p>

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 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 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 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

(Signature is required of all parents / 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. **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).

The letter of medical justification for Variety's "**My Stroller**" Program application may be completed by the child's current Physical Therapist, Occupational Therapist, or Primary Care Physician.

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

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

- Does the child applying for a Kid Kart® Mighty Lite adaptive stroller 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? Is it his or hers main form of mobility?
- Does the current equipment prohibit the child or family as a whole from participating in trips, outings, or daily activities?

The professional completing the letter of medical justification should include their full name, title, organization, phone number, and e-mail address.

Variety's Application Checklist:

- ☐ Current “**My Stroller**” application completed.
- ☐ Copies of appropriate income verification information submitted.
- ☐ Signature on Affirmation of Truth Statement, Release of Liability form, & Disclaimer.
- ☐ Authorization to Use Name & Likeness (*signature optional*).
- ☐ A letter of medical justification (LMJ) from a physical or occupational therapist, personal care physician, or personal care physician indicating and detailing that a Kid Kart ® Mighty Lite adaptive stroller would be medically appropriate and therapeutic for the child (**see page 12 for more information**).

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.

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 Stroller” Program!

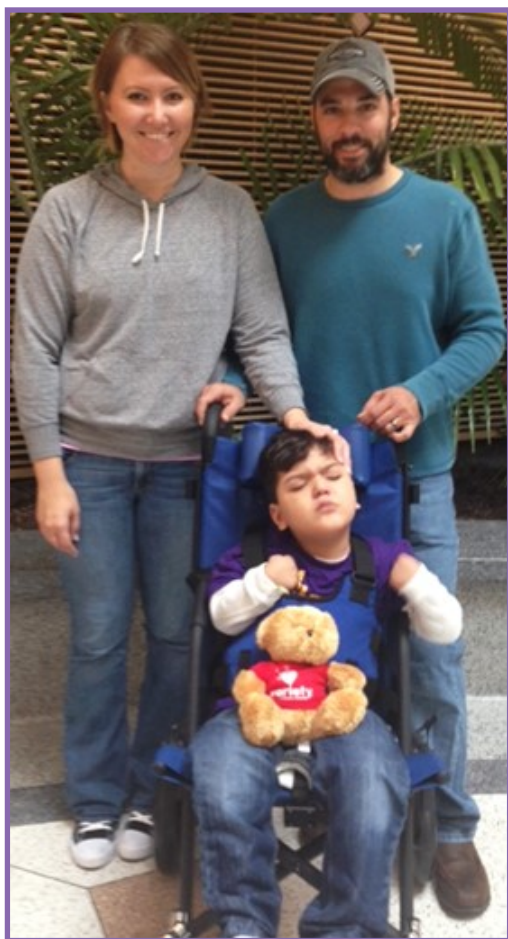
Also Offered By Variety...

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 Voice” Program**, which provides communication devices (currently an iPad with a prescribed communication app) to eligible children with a communication disorder to give them a voice at all times.

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.





“His wheelchair is really heavy and takes two people to get in and out of our van.

During family outings, like Idlewild, it was always so hard to get him involved.

It means everything to us to have this stroller – to participate as a family in outings in the community.”

- Lacey, mother of George



Variety—the Children's Charity
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Phone: 724-933-0460 | Fax: 724-933-0466
www.varietypittsburgh.org

