



Variety the Children's Charity of  
North Texas  
3102 Oak Lawn Avenue, Suite 700  
Dallas, Texas 75219  
tel 214.560.2263 fax 214.210.2902  
www.varietynorthtexas.org

### ***Heart of Variety Fund Applicant Information Packet***

Thank you for your interest in Variety the Children's Charity of North Texas' *Heart of Variety Fund*.

Variety is an international non-profit organization founded in Pittsburgh in 1928 to serve children. Over the years, Variety has evolved to meet the unmet needs of children within our ever changing communities. Today, our mission is to promote and protect the health and well-being of children all over the world. Variety the Children's Charity of North Texas focuses all of its efforts for children, 18 years and under, in the Greater Dallas/Fort Worth Metroplex.

The Heart of Variety Fund has been established to act as a funder of last resort for families in need of medical equipment/devices, physical therapy programs, educational resources and much more. The Fund focuses its resources on three main areas, along with a catch all area of funding. These focuses are:

- *Kids on the Go!* – assists families raising children with mobility issues in the procurement of durable medical goods to increase a child's ability to interact with his/her surrounds. Funding is designed for, but not limited to, items such: wheelchairs, walkers, prosthetic limbs and adaptive strollers, car seats and bicycles.
- *Kids in the Know!* – assists families with educational resources for children with learning disabilities or other barriers to learning. Past funding has included: educational software, tutoring programs and adaptive computer technology.
- *Kids in Need!* – assists families in the procurement of medical goods that are not mobility related, and potentially offsetting the costs of medical procedures.
- *Kids in Action!* – assists families with ensuring children have the ability to be kids. Funding could be used for things such as: summer camp registrations, sporting programs and much more.

Please read through the enclosed material and completely fill out the application material. Once you have a complete packet (*a checklist is included with this packet*), return the material in its entirety to the address listed above. It is essential that full applications be turned in all at once. Variety's appointed *Heart of Variety Fund* Committee will only review completed applications for determination.

NOTE TO APPLICATION:

- If you have any questions as to which program you should apply under, please contact Variety for assistance.
- You must submit equipment specifications/program details for your application to be considered. Your child's physical therapist, durable medical equipment supplier, educational specialists or pediatrician can assist you in securing this information.
- Remember to include denial letters, or partial support letters, from insurance companies, other community groups, etc. Variety is a funder of last resort, which means that other avenues of support must have been attempted before Variety can fund your request.
- Please review and sign the verification of information, Release of Liability and Disclaimer. We cannot release any equipment without these forms.
- Review the Authorization to Use Name and Likeness Release. This release is optional. Please note: applications will not be given favorable consideration or unfavorable consideration based upon this release. However, please remember that your willingness to assist Variety in its public relations efforts will help us in procuring further support for this, and other, Variety programs.

Again, we thank you for your interest in the *Heart of Variety Fund*. We look forward to the possibility of working with your family. If you have any questions about this program, the application process or any other Variety program, please feel free to contact us directly.

Sincerely,



Lawrence W. Hood, Jr.  
Executive Director



## Heart of Variety Fund Application Checklist

*Please note that this form does not need to be returned to Variety.  
It is for your use in filling out the application form itself.*

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### COMPLETED APPLICATION INCLUDES THE FOLLOWING

- *Provided Information*

- 1) Preparer's Statement \_\_\_\_\_
- 2) Four (4) Page Application Document \_\_\_\_\_
- 3) Health Care Professional Contact Sheet \_\_\_\_\_
- 4) Disclaimer \_\_\_\_\_
- 5) Release of Liability \_\_\_\_\_
- 6) Personal Likeness Release and Authorization Form \_\_\_\_\_

- *Additional Information*

- 1) Copies of Tax Returns for Last Three (3) Years \_\_\_\_\_
- 2) Two (2) Letters of Verification from Health Care Professionals Familiar with Applicant and His/Her Disability \_\_\_\_\_
- 3) Copies of Determination Letters from Insurance Provider \_\_\_\_\_
- 4) Equipment Specifications and/or Bids from Suppliers \_\_\_\_\_
- 5) Photo of Child (*not required*) \_\_\_\_\_
- 6) Any Supplemental Attachments or Additional Information \_\_\_\_\_



## Heart of Variety Fund Preparer's Statement

Name of Applicant: \_\_\_\_\_

Application Prepared By: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Daytime Number (xxx-xxx-xxxx): \_\_\_\_\_

Evening Number (xxx-xxx-xxxx): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Legal Guardian(s) Assurance

I/We stipulate that the information included in this application is true to the best of my/our knowledge and abilities. 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.

If inaccurate statements can be proven to be the result of negligence or intentional inaccuracies on my/our part, Variety Club of Texas Tent 17 (doing business as Variety the Children's Charity of North Texas) may be entitled to a full refund of any funds awarded.

Legal Guardian's Printed Name: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_

Date of Signature (m/d/yy): \_\_\_\_\_

Legal Guardian's Printed Name: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_

Date of Signature (m/d/yy): \_\_\_\_\_

*Note: Signature is required of all legal guardians.*



## Heart of Variety Fund Application Document

### Instructions:

- Please type and or print in black ink.
- Review contents of completed application in the introductory letter.
- Fully complete all sections and forms of the application.
- Original applications must be presented prior to any final determination. Variety will accept faxed and/or e-mail applications to begin the review process.
- For assistance, please contact 214.560.2263.

**Date of Application:** \_\_\_\_\_

### Applicant Information

- Name of child to Benefit: \_\_\_\_\_
- Current Age: \_\_\_\_\_
- Date of Birth (m/d/yy): \_\_\_\_\_
- Number of Siblings, if any: \_\_\_\_\_
- Address of Residence: \_\_\_\_\_
- City, State and Zip: \_\_\_\_\_
- County of Residence \_\_\_\_\_
- Home Telephone (xxx-xxx-xxxx): \_\_\_\_\_

### Program Requesting Funding Under

- \_\_\_\_\_ *Kids on the Go!* Mobility related requests
- \_\_\_\_\_ *Kids in the Know!* Educational resources
- \_\_\_\_\_ *Kids in Need!* Medical devices/procedures/programs not mobility related
- \_\_\_\_\_ *Kids in Action!* All other types of requests





**Other Funding – Continued –**

- Are any of the sources previously stated pending for the items listed in this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Prior Variety Determinations**

- Has the applicant, or his/her family, applied for assistance from any recognized entity within Variety in the past three years? \_\_\_\_\_ Yes \_\_\_\_\_ No

- If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Knowledge of Program**

- In an effort to thank your supporters and partners, please state how you first became aware of the Heart of Variety Fund: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supplemental Information**

Please include any additional information that might clarify your child's need for the requested mobility equipment and the family's inability to obtain these items through child's insurance provider or other resources. You may attach additional pages, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Heart of Variety Fund Health Care Professional Contact Sheet

Please list the names of at least two (2) health care professionals who have worked with the applicant, and can verify the need for requested equipment. Variety will not contact these individuals without your authorization and prior knowledge. If you consent at this time to allow Variety to contact the names below, please sign the bottom of this form.

### Primary Pediatrician *(Preferred)*

Name: \_\_\_\_\_  
Office Name: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Length of Service to Applicant: \_\_\_\_\_

### Pediatric Rehabilitation Specialists

Name: \_\_\_\_\_  
Office Name: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Length of Service to Applicant: \_\_\_\_\_

### Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Office Name: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Length of Service to Applicant: \_\_\_\_\_

### Other: \_\_\_\_\_

Name: \_\_\_\_\_  
Office Name: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Length of Service to Applicant: \_\_\_\_\_

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Legal Guardian Signature



## **Heart of Variety Fund Disclaimer**

The mission of Variety Club of Texas Tent 17 (doing business as Variety the Children's Charity of North Texas) is to promote and protect the health and well-being of children all across North Texas.

A small aspect of our mission is achieved through our *Heart of Variety Fund*. The equipment, devices, assistance with therapeutic programs and all other types of support provided through this, and other Variety, program(s) carriers no warranty from Variety Club of Texas Tent 17, Variety Clubs International, their members, employees, officers and directors (hereafter collectively referred to as "Variety"). The use of equipment, 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 equipment. It is the sole responsibility of the Recipients legal guardian(s) to maintain, repair and/or dispose of 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 and/or award letter from Variety are the sole responsibility of the Recipient's legal guardian(s). All installations of ramps, lifts, stair glides, electrical supplies, etc. must be in compliance with applicable building codes. Variety is in no way responsible for ensuring compliance any codes.

I/We \_\_\_\_\_ (Legal Guardian's Name(s) Printed) am/are the Legal Guardian(s) of \_\_\_\_\_ (Recipient's Name Printed). I/We have read and fully understand and agree to the above Disclaimer.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

*Note: Signature is required of all legal guardians.*

### NOTARIZATION REQUIRED

BEFORE ME, the undersigned Notary Public in and for \_\_\_\_\_ (County) and The State of Texas, personally appeared the above who acknowledged the execution of the above, on this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary



## Heart of Variety Fund Release of Liability

In consideration of the receipt of certain equipment, devices, assistance with therapeutic programs and all other types of support, or funds to obtain such items/services, donated by Variety Club of Texas Tent 17 (doing business as Variety the Children's Charity of North Texas), \_\_\_\_\_, (the Recipient thereof), him/herself and through his/her parent or legal guardian, hereby releases and forever discharges Variety Club of Texas Tent 17, Variety Clubs International, their members, employees and officers (hereafter collectively referred to as "Variety") from and against any and all claims, of any type, which may arise from or are related to:

1. any alleged, or actual, malfunction of or defect in the resources;
2. any allegation that the resources were 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 resources.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

*Note: Signature is required of all legal guardians.*

### NOTARIZATION REQUIRED

BEFORE ME, the undersigned Notary Public in and for \_\_\_\_\_

(County) and The State of Texas, personally appeared the above who

acknowledged the execution of the above, on this \_\_\_\_\_ day of \_\_\_\_\_

in the year 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary



## **Heart of Variety Fund Personal Likeness Release and Authorization Form**

The Recipient and his/her legal guardian(s) hereby acknowledge and agree that acceptance of the resources from Variety Club of Texas Tent 17 (doing business as Variety the Children's Charity of North Texas) may result in publicity in some form or fashion.

Therefore, the Recipient and his/her legal guardian(s) hereby, irrevocably, authorize Variety Club of Texas Tent 17, Variety Clubs International, their members, employees and officers (hereafter collectively referred to as "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/or record 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 legal guardian(s) and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, radio stations and others;
- D. to publicize, now or in the future, the name of the Recipient including information regarding his/her physical condition and details regarding the resources received with the assistance of 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 legal guardian(s) 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.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

*Please note: An executed Personal Likeness Release and Authorization Form is not required for an application for assistance to be accepted, reviewed and, possibly, awarded by Variety. However, when possible, Variety would like to include information about the children we have helped in order to enhance our abilities to assist other children. This is accomplished through media stories, fundraising appeals, presentations, grant writing and other means. The use of personal stories increases Variety's chances of being successful in the endeavors.*