

# Program Application



**My Bike®  
Program**



**My Stroller®  
Program**



**My Voice®  
Program**

Helping Kids,  
Be Kids



# WHAT PROGRAMS ARE AVAILABLE?

**With a mission to empower children with disabilities to live life to the fullest**, Variety the Children's Charity ensures that our most vulnerable kids are no longer left out, behind, or excluded.

By listening to those caring for the kids, Variety created three adaptive equipment programs, including:

**1) Variety's My Bike® Program**, which currently provides the new Rifton adaptive bike model (including a stationary stand and prescribed 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 Convaid EZ Rider adaptive stroller to eligible kids to use for on-the-go mobility, and/or general safety/inclusion in the community. **It's not your typical toddler stroller, but equipment that's letting families "stroll" together.**

- ⇒ **Parents tell us** that their child is a runner or bolter, and they don't have a way to keep them safe while out in the community—so they stay home. An adaptive stroller takes away that fear / anxiety.
- ⇒ **Parents also tell us** they must typically choose between getting a wheelchair or an alternative option. Though, a wheelchair is more necessary, an adaptive stroller allows for easier "on-the-go" mobility and participation in daily activities.
- ⇒ **Parents have explained** that with an adaptive stroller, kids and families are no longer isolated or left out, and it has an immediate impact.

**3) Variety's My Voice® Program** provides a communication device (i.e. a restricted iPad with a prescribed communication app) to eligible children who are nonverbal (or have a communication disorder) to give them the ability to express their thoughts, feelings, wants, and needs 24/7.

- ⇒ The device is solely for communication, so all features are disabled or restricted by Variety to focus on the child's prescribed communication app. —making the device 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 encourage families to apply for one, two, or all three pieces of equipment if your child can benefit!
- There's **NO CATCH** to our programs and all equipment is provided for **free**.
- After **4** years from receiving the first bike, and **3** years from receiving the first stroller or device, eligible kids can re-apply for a second (**see pages 10,12-13**).
- All equipment must be presented within one year of approval, or a new application must be completed.

**My Bike & My Stroller applicants are required** to attend a scheduled presentation with their parent or legal guardian to receive the custom medical equipment and conduct a final fitting for safety.

Ordering the equipment and scheduling these presentations can take time, so your patience is greatly appreciated.

**For My Voice applicants**, Variety will work with the child's Speech Language Pathologist to get the device ready and present it to the child safely at a predetermined location (therapy, school, etc...).

# WHO IS ELIGIBLE?

**1) Geography:** Must live in one of the 60 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.

## Ohio County, West Virginia

**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) Diagnosis:** Have a diagnosed physical, mental, and/or sensory disability documented by one of the certified medical professionals listed on **pages 10,12,13**.

**3) Age:** Must be 3 through 21 years of age. An application may be submitted up to 60 days prior to a child's 3rd birthday, but equipment cannot be presented until the child is 3 years old.

**4) Income:** Applicant's household income must not exceed Variety's income guidelines listed below. Income verification is required with the application (**see pages 6-7**).

# Of Household Members	2	3	4	5	6	7	8	9
Household Salary	\$98,600	\$124,300	\$150,000	\$175,700	\$201,400	\$227,100	\$252,800	\$278,500

—For each additional household member, please add \$25,700.

# HOW TO APPLY:

1. Complete the application to the best of your knowledge. **KINDLY PRINT IN INK.**
2. Compile documentation to verify your household income (**pages 6-7**).
3. Request a “letter of medical justification” for each program you’re applying to (**see pages 10-13**).
4. Each parent/legal guardian living in the child’s household with the child must sign and date the application before it can be processed (**page 14**).

If you need any help or have questions, please feel free to contact us (724-933-0460 / [info@variety pittsburgh.org](mailto:info@variety pittsburgh.org)).

**The application can also be completed online at [www.variety pittsburgh.org/applynow](http://www.variety pittsburgh.org/applynow).**

**We anticipate a large volume of new bike applications, so please have patience with us as processing times may increase over the next few months.**

# 1) CHILD INFORMATION:

How did you learn about Variety's programs?			
Last Name of Child:		First Name of Child:	Middle Initial of Child:
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 Union Affiliation (for the parent or any close relative)?	
Primary Insurance Company:		Secondary Insurance Company:	
Home Phone Number:		Cell Phone Number:	Best time to call:
Email Address ( <i>we will use it to communicate more easily and quickly with you about the application process</i> ):			

## 2) HOUSEHOLD INFORMATION:

**Please list all the people living in your household, including the child who is applying.**

**Start with yourself:**

Please list below Last Name, First Name, M.I., Suffix	Relationship to Child	Gender	Birth Date MM/DD/YYYY
		M F	
	Child Applying	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 (only 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, overtime pay, 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

You can make a copy of any document and submit it for income verification, but you can also take a photo or screenshot of any income verification if that's easier for you.

### CHOOSE ONLY ONE OPTION 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 your most recent Form 1040 with all related schedules (valid up to April 15th for the previous year's return). **Please black out social security number(s).**

#### **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.

**Your household must still meet the program's income guidelines listed on page 3, and you must list your monthly household income to verify.**

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

**\*Must complete with Option 2.**

## 3a) INCOME VERIFICATION (cont.):

### **OPTION 3** Submit documentation for one of the choices & complete chart below:

- 1) If a household member is **employed**: Submit two pay stubs per employer from the last 60 days. Send more pay stubs if pay changes regularly, or if pay stubs cannot be obtained, please contact Variety.  
  
**In place of pay stubs**, an employed household member can submit their most recent W-2 to verify income (valid up to April 15th for the previous year's W-2). Please black out any social security number.
- 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, you must also complete this chart for all persons in your household that receive income (approximately).**

<b>Whose Income Is This?</b> (name of household member):	<b>Source of Income</b> (e.g. name of employer, unemployment, social security, etc.):

**What is the total monthly income for your household (approximately)? \$\_\_\_\_\_**

**\*Must complete with Option 3.**

## 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 bike (new or old model)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have a safe place at home to store an adaptive bike?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Are you able to transport an adaptive bike—requiring a mid-large size SUV, Van, or Truck?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Please briefly tell us about how or where you will use an adaptive bike with your child:	
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, and/or e-mail address ( <u>very helpful</u> ):	

### **My Stroller Program Background:**

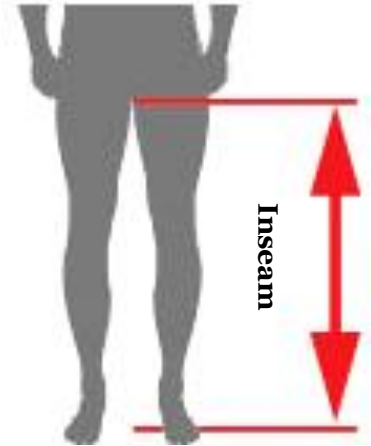
Is your child an elopement risk (a runner/bolter with lack of safety awareness)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child currently working with a licensed Physical or Occupational Therapist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the therapist's name, organization, phone, and/or e-mail address ( <u>very helpful</u> ):	



# 4a) PROGRAM SPECIFICS (cont.):

## For My Bike Program and/or My Stroller Program Only:

<b>Child's Height:</b> _____
<b>Child's Weight:</b> _____
<i>*As determined by the manufacturer, the          Maximum Weight Capacity for the adaptive <b>bike</b> is 310lbs          Maximum Weight Capacity for the adaptive <b>stroller</b> is 250lbs (without transit)</i>
<b>Child's Inseam Measurement</b> (see right): _____ inches
<b>Measure the child's inseam from the groin to the bottom of the foot <u>with shoes on</u>.</b>



***\*Must include inseam measurement to be processed—very important to determine approval\*  
 Minimum inseam length for the smallest bike is 12 inches for the child to ride safely.***

## 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 <b>school</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does your child currently use a communication device in <b>therapy</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does your child currently have a communication device <b>to use 24/7 at home, school, and throughout the community</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does your child currently work with a licensed Speech Therapist (SLP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

**If yes, please list the Speech Therapist's name, organization, and e-mail address.** Your child's Speech Therapist will be our partner in setting up your child's communication device (once approved).

## 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).

*To ensure accuracy, please take measurements personally, or from another trusted medical professional. Variety cannot accept measurements from the family, as they need to be exact to ensure safe equipment for the child.*

- Whether or not the child has ever trialed a Rifton adaptive bike.
- Author's wet or official signature and date

**Please know that the LMJ doesn't need to be more than a page, as long as it addresses everything listed above.**

### The LMJ should include the author's:

- ⇒ full name
- ⇒ title
- ⇒ organization
- ⇒ phone number
- ⇒ e-mail address
- ⇒ signature (wet or official) and any related credentials

## Can I apply for a second bike through Variety?

**YES!** If your child received an adaptive bike through Variety and outgrew it, you are welcome to apply for a larger bike.

**For those that received a NEW Rifton bike,** you can re-apply four years after receiving the first.

**For those that received an old Rifton bike,** you can re-apply three years after receiving the first.

To re-apply, 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). Variety can only fund a maximum of two bikes per child.

## 5a) MY BIKE® Fitting & Evaluation Requirements:

As part of Variety's **My Bike Program application process**, every child must be individually fit and evaluated while on a NEW Rifton adaptive bike.

If the new Rifton adaptive bike models are available, then a certified medical professional (see page 10) can complete the bike fitting form and submit it to Variety. **Otherwise, Variety will schedule each child for a bike fitting once the application is complete and approved.**

⇒ **A My Bike Program fitting form** can be obtained by contacting Variety by phone (724-933-0460) or email (info@variety pittsburgh.org).

\*Scheduling the community bike fitting days will take time, so your patience is greatly appreciated. It's very important that families are oriented to the new adaptive bike model, and the child is properly fit for their safety.

### **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, and again at the final presentation (before it's taken home).**

There are five important things to learn about during a fitting/evaluation:

1. Parking brake;
2. Hand brake;
3. Lap belt;
4. Pedal foot straps; and
5. Speed control and overall 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 it's equally important for children that are in need safety while out in the community (*e.g. kids who 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?
- Will Convoid EZ Rider adaptive stroller be used for the child's mobility, safety, or a combination of both? Please give a brief overview of why the equipment is needed.
- If applicable, please give a brief justification for accessories that the child needs (see stroller order form for a list of the accessories that are available).
- Author's wet or official signature and date.

**If the child has advanced needs, such as vents, suction, etc., please contact a Variety Program Manager.**

### The LMJ should include the author's:

- ⇒ full name
- ⇒ title
- ⇒ organization
- ⇒ phone number
- ⇒ e-mail address
- ⇒ signature (wet or official) and any related credentials

**Please know the LMJ doesn't need to be more than a page, as long as it addresses everything listed above.**

**The author should also complete the stroller order form.** The equipment is not needed to fill out this form, if you know the child's measurements / needs. To ensure accuracy, please take measurements personally, or from another trusted medical professional. Variety cannot accept measurements from the family, as they need to be exact to ensure safe equipment for the child.

- ⇒ **A My Stroller order form** can be found on our website at [www.varietypittsburgh.org/my-stroller/eligibility](http://www.varietypittsburgh.org/my-stroller/eligibility), or by contacting Variety by phone (724-933-0460) or by email ([info@varietypittsburgh.org](mailto:info@varietypittsburgh.org)).

## Can I apply for a second stroller through Variety?

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

To re-apply, your child must still meet all of the eligibility guidelines, and a full application must be completed again (including a new stroller order form). Variety can only fund a maximum of two strollers per child.

**If re-applying**, we do not require the old stroller back.

## 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 My Voice 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),  
*Note—only one app can be funded per device.*
- \* 1 specialized case and 1 screen protector, and
- \* 2 years of Apple Care (warranty).

**If the child already has their own communication device to use at home and school 24/7, then we are unable to fund a second one at this time.**

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

The LMJ must be **printed on letterhead, signed, and dated** by the child's SLP, who should describe:

- A brief summary of the child, their documented diagnoses and/or communication disorder.
- How does the child currently communicate? What are their specific communication needs at this time?
- Does the child have a history of using an iPad as a communication device? If so, what communication app(s)?
- Is an iPad appropriate for the child to use as a communication device (please confirm)?
- What communication app do you prescribe for the child?  
*Variety takes the recommendation of the communication app directly from the SLP.*
- If approved, where can the device be mailed? Who will customize the device, present it to the family, and provide follow up supports? **Please discuss this process with the family prior to submitting an LMJ.**
- Author's wet or official signature and date.

### The LMJ should include the author's:

- ⇒ full name
- ⇒ title
- ⇒ organization
- ⇒ phone number
- ⇒ e-mail address
- ⇒ signature (wet or official) and any related credentials

**Please know that the LMJ doesn't need to be more than a page, as long as it addresses everything above.**

**Regarding the distribution of the device** — once approved, Variety will setup and mail the device directly to the child's SLP, so they can then customize it further and arrange a time to present it to the family (e.g. therapy, school).

## Can I apply for a second device through Variety?

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

**For the SLP:** If the child is still using the same app and it won't change for the second device, then a trial / evaluation is not needed to be done, and it can be explained in the LMJ. If a new app is being requested, then a trial / evaluation should be completed and outlined in the LMJ.

**To re-apply,** your child must still meet all of the eligibility guidelines outlined in the application, and a full application must be completed. Variety can only fund a maximum of two communication devices per child.

**If re-applying,** we do not require the first device back.

## 8) REQUIRED SIGNATURE:

### **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 of Parent/Legal Guardian #2)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
am the Parent/Legal Guardian of

\_\_\_\_\_  
(Print Name of Child Recipient)

## 8a) MEDIA RELEASE:

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, which greatly helps our programs.

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

**Any media that Variety can share will greatly help our efforts to secure future funding, and to help even more kids.**

**Please note that we will only publish media (e.g. photos/videos) of children authorized by families that signed this release form. Other photos will be kept confidential.**





## **10) APPLICATION CHECKLIST:**

- Completed all necessary sections of the Application to the best of your knowledge.
- Gathered copies of income verification documents (can be sent as photos as well).
- Requested a Letter of Medical Justification for each program you're applying to (**see pages 10, 12-13**).
- Signed the Release of Liability, Affirmation of Truth Statement, and Disclaimer form on page 14 (**required**).
- Signed the Media Release Form (*optional, but very helpful to Variety*).

### **Please return all documents to Variety by:**

**Mail:** 11279 Perry Highway, Suite 512 Wexford, PA 15090

**Fax:** (724) 933-0466

**Email:** [info@varietypittsburgh.org](mailto:info@varietypittsburgh.org)

The application can also be completed online at [www.varietypittsburgh.org/applynow](http://www.varietypittsburgh.org/applynow).

If you have any questions, please contact us at  
724-933-0460 or [info@varietypittsburgh.org](mailto:info@varietypittsburgh.org).

**We can't wait to hear from you!**

**We anticipate a large volume of new bike applications, so please have patience with us as processing times may increase over the next few months.**

### **Once an application is approved, then what happens?**

**My Bike & My Stroller applicants are required** to attend a scheduled presentation with their parent or legal guardian to receive the custom medical equipment and conduct a final fitting for safety.

Ordering the equipment and scheduling these presentations can take time, so your patience is greatly appreciated.

**For My Voice applicants**, Variety will work with the child's Speech Language Pathologist to get the device ready and present it to the child safely at a predetermined location (therapy, school, etc...).

**My Bike®**  
Program



**My Stroller®**  
Program



**My Voice®**  
Program



**It's all about the kids!**

11279 Perry Highway, Suite 512 Wexford, PA 15090  
Phone: (724) 933-0460 | Fax: (724) 933-0466  
[www.varietypittsburgh.org](http://www.varietypittsburgh.org)