



Variety – The Children’s Charity of Wisconsin  
12425 Knoll Road, Suite 110, Elm Grove, WI 53122  
Phone 262-777-2090 Fax 262-777-2095  
[www.VarietyWi.org](http://www.VarietyWi.org)

## VARIETY GRANT PROGRAMS Application Checklist

The following items **must** be included with your application. Please mail all items as one packet to the Variety office. Please direct any questions to Dua Vang-Ramirez, at 262-777-2090 or [dua@varietywi.org](mailto:dua@varietywi.org).

### For All Requests

- Full Variety Grant Application – 5 pages include the following forms: Child & Family Info Sheet; Family Letter of Request; Income Worksheet; Authorization to Use Name & Likeness; Authorization to Disclose Information
- Letter(s) of verification from professionals (therapist, doctor, social worker) who are most familiar with your child’s needs. This letter should clearly specify your child’s needs for the equipment requested and benefits of use in detail. Please make sure the professional’s e-mail address and phone number is provided.
- A detailed description of the equipment requested, including brand name and model (if known), all components necessary to fit it for your child, and estimated cost. An itemized quote from a supplier or a print out from a manufacture’s website is helpful, though not required.
- Documentation of the applicant family’s yearly household income to include: copy of the first page of the family’s tax return, any government financial aid documents, etc. **Please include proof of all sources of income (e.g., SSI, Family Support, child support, etc.).**
- Insurance denial letter or statement. Note, this is **not** required for requests for adaptive bicycles, vehicle modifications or home modifications.
- Recent photo of the child, preferably showing their entire body. This is used to help in our assessments.

### For Vehicle Modification Requests

- Copy of vehicle title
- Make and model of vehicle and approximate number of miles

### For Adaptive Bicycle / Tricycle Requests

- “Bike Needs Checklist” form
- Video of the child riding and getting on/off a bicycle, if applicable

### For Home Accessibility Modification Requests

- “ Home Needs Checklist” form
- Photos of the house, including “trouble spots” that present mobility challenges for the child
- Copy of most recent Property Tax Bill
- Proof of Home Owner’s Insurance
- Letter from home owner stating that they will allow Variety to make the requested modification to the property (if the home is owned by someone other than the parent/guardian of the child)



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**Your application will not be reviewed until ALL of the above items are received.**



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### CHILD & FAMILY INFORMATION SHEET

**Your child’s physical therapist, social worker, physician or other professional who works closely with your child can help you fill out this application. Please mail the completed application and all items stated in the checklist (on page 1) to the address listed above.**

Child’s name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child’s diagnosis: \_\_\_\_\_

Equipment requested: \_\_\_\_\_

Referred to Variety by: \_\_\_\_\_

Has the family ever received assistance from Variety in the past? If so, when and in what form?  
\_\_\_\_\_

Race/Ethnicity of Child:  
 White/Caucasian                       Black/African American                       Hispanic or Latino  
 Native American or American Indian                       Asian/Pacific Islander                       Other \_\_\_\_\_

Type of health insurance: \_\_\_\_\_

Child’s Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Name of parent(s)/legal guardian(s) & relationship: \_\_\_\_\_

Language(s) spoken by the family: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian’s e-mail address: \_\_\_\_\_

Parent/Guardian’s phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Household yearly income: \_\_\_\_\_ Number of people in the household: \_\_\_\_\_  
*This information is required. Do not leave blank*

Name of person completing application: \_\_\_\_\_ Relation to child: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone number: \_\_\_\_\_





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*Parent/Legal Guardian Name*

*Signature*

*Date*



### INCOME WORKSHEET

In addition to completing this worksheet, **you must also include documentation of all sources of income.** This can include a copy of the first page of your federal tax return, government financial aid documents, bank statement showing deposits, etc.

1. Parent/Guardian’s name, occupation & place of employment:

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2. Parent/Guardian’s name, occupation & place of employment:

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3. I/We earn (gross pay - before taxes) \$ \_\_\_\_\_  weekly  every 2 weeks  monthly  annually  
 \*\*Please include all sources of income (e.g., wages, rental income, etc.)

4. Members of the family receive the following amounts each month from:  
 Please total amounts received for all members of the household. If a different amount is received each month, please list the average amount.

- \$ \_\_\_\_\_ Pension
- \$ \_\_\_\_\_ Social Security/SSI/SSDI
- \$ \_\_\_\_\_ Unemployment Compensation
- \$ \_\_\_\_\_ Child Support/Alimony
- \$ \_\_\_\_\_ Other: \_\_\_\_\_

5. The child/family currently receives:

- Medical Assistance  Children’s Waiver  Family Support Program
- Supplemental Security Income  Food Stamps/FoodShare  Benefits for veterans
- Other public assistance \_\_\_\_\_
- Other funding sources \_\_\_\_\_

6. The income stated above supports a household of \_\_\_\_\_ (total number of) people.

I understand that if my financial situation changes prior to the allocation of funds, I must notify Variety the Children's Charity of Wisconsin immediately. I attest that all the information provided is true and accurate.

Signature is required of all parent(s)/legal guardian(s).

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Parent/Legal Guardian Name Signature Date

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Parent/Legal Guardian Name Signature Date









### BIKE NEEDS CHECKLIST- Page 1

Complete this form only if you are applying for an adaptive bicycle

The child’s therapist or doctor’s must complete the reverse side

Child’s Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Age: \_\_\_\_\_ Is a bike helmet needed? \_\_\_\_\_

Arm length (shoulder to mid-knuckles) Right: \_\_\_\_\_ inches Left: \_\_\_\_\_ inches

Leg length (inseam to bottom of shoe) Right: \_\_\_\_\_ inches Left: \_\_\_\_\_ inches

Child requires a: • two-wheel bike • three-wheel bike

Color preference (not all bikes come in all colors): \_\_\_\_\_

Please indicate which of the following apply:

- Foot-pedaled bike would be most appropriate**
  - Need adjustable-length pedals
  - Need adjustable-length handlebars
  - Need toe clips or foot straps
- Hand-pedaled bike would be most appropriate**
  - Hand-drive bike
  - Power pumper

Special consideration (e.g., leg length discrepancy, etc.):

Specific brand or style of bike (including model numbers if appropriate), if you have one:

Where will the child ride the bike?

Who will supervise or ride with the child when bike riding?

For what reasons will the child ride the bike?

How will you transport the bike? Note, adaptive bicycles are much larger than standard bikes/tricycles.

Do you have space in your home for an indoor trainer, so your child can participate in biking inside during winter months?

\_\_\_\_ Yes \_\_\_\_ No

*If my request for an adaptive bicycle or tricycle is approved, I agree to be responsible for regular maintenance at my own cost. I understand that yearly tune ups are recommended. I agree to donate the bike back to Variety when my child is no longer able to use it.*



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Parent/Legal Guardian

Date



## BIKE NEEDS CHECKLIST- Page 2

**This page must be completed by therapist or doctor:**

Children who are unable to physically operate a standard bicycle or who require a 3-wheeled bike will be considered for bike awards through Variety funding programs. For children with physical disabilities or undiagnosed physical conditions, this program promotes physical activity, healthy exercise and access to typical experiences for all kids. Please provide information regarding this applicant’s physical status as it relates to the activity of biking:

**Movement and Strength (check all that apply)**

**Upper Extremity:**

- Child is able to reach forward in order to grasp and hold handle bars
- Child has sufficient shoulder and elbow motion to complete right and left turns
- Child is able to operate hand pedals (if hand-pedaled bike is being requested)

**Lower Extremity:**

- Child is able to pedal through the full cycle without foot support
- Child is able to pedal through the full cycle with foot supports
- Child requires assistance (pulley system) to pedal through a full cycle

**Trunk:**

- Child can sit unsupported on a bicycle seat
- Child requires support to sit on a bicycle seat (back rest, chest strap, etc.)

**Endurance**

Describe the child’s capacity to engage in biking activities. Include anticipated distances and/or time, as well as the potential for improvement over time.

**Coordination**

Describe the child’s ability to coordinate movement of the arms and legs for successful biking.

**Cognition**

Describe the child’s ability to understand the concepts of biking; include safety awareness and need for adult supervision/assistance.

**Other Information**

Include any additional comments regarding the child’s biking experiences.

**Therapist or doctor must complete and sign below:**

I have reviewed the application and believe it is appropriate for the applicant. Variety may contact me if necessary to discuss the request.

\_\_\_\_\_  
Therapist/physician printed name

\_\_\_\_\_  
Date



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Therapist/physician signature

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Phone number & email



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### HOME NEEDS CHECKLIST

*Complete this form only if you are applying for a home accessibility modification*

Child’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long has the family lived at this address? \_\_\_\_\_

Child lives with:  Mother  Father  Both parents  Other: \_\_\_\_\_

If there is a custody arrangement, please describe: \_\_\_\_\_

Is this address the primary residence of the child?  Yes  No

If the family does not own the home, please describe current rental arrangements or agreement: \_\_\_\_\_

Request is for:  Ramp or access device  Other: \_\_\_\_\_

Description of need (what do you need, why it is important): \_\_\_\_\_

Why has the need arisen at this time? \_\_\_\_\_

What has been done so far to address or accommodate this issue? \_\_\_\_\_

Desired outcome or goal: \_\_\_\_\_

Are there other resources available for the project? For example, does your family have a relationship with anyone in the community (church groups, contractors/construction workers, sports team, etc.) who might donate money, materials or time? \_\_\_\_\_

Have you tried, or would you be willing to try, taking out a personal loan to cover part of the cost of this project?

Yes  No

Are you willing to help fundraise for this project? Variety can help you with fundraising ideas.

Yes  No

*If approved, Variety will provide regular maintenance for this project for one year. I agree to be responsible for regular maintenance and repairs at my own cost after one year. I agree to donate the equipment back to Variety when my child is no longer able to use it.*



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## VARIETY GRANT PROGRAMS Application Process

1. Obtain the Variety Grant Application.

The can be found on Variety’s website, [www.varietywi.org](http://www.varietywi.org), by going to “Menu” → “Program FAQs”. Click on the link “Download an application here”. You can also call the Variety office at 262-777-2090 to have an application mailed, emailed or faxed to you.

2. Fill out all of the forms in the application and gather all of the supporting documents listed on the Application Checklist. Incomplete applications will not be reviewed until all items are received.
3. Send the completed application and **all** supporting documents to:

Grant Programs  
Variety – The Children’s Charity of Wisconsin  
12425 Knoll Road, Suite 110  
Elm Grove, WI 53122

**Please be sure to keep a copy of the forms for your records. Applications will not be reviewed until all of the necessary forms and supporting documents are received.**

### REVIEW PROCESS, FUNDING DETERMINATION & AWARD

Once Variety has received **all** of the necessary forms we will contact you to let you know that your application has been received. At that time, Variety may have questions for you and/or your child’s social worker/ physician/ therapist. Please understand that at times it may take several months for a decision to be made.

If funding is approved, Variety will determine what percentage of the cost to fund.

The Variety staff will inform you of the decision via letter. If you are asked to contribute a portion of the cost, the details will be explained in this letter. If your request is approved, Variety will identify an equipment vendor, place the order and pay the equipment provider directly.

#### Adaptive Bikes

If approved for an adaptive bicycle or tricycle, awardees must schedule and attend a bike assessment at a Variety approved bike vendor where the child will be assessed and measured so the appropriate bike can be identified. If distance prohibits attending a bike assessment in person, it may be done via Skype or Facetime.

#### Vehicle or Home Modifications

If approved for a vehicle or home modification, Variety will identify an approved construction company and work with the family and construction company to schedule the project. Variety will pay the construction company directly.

### QUESTIONS

Please direct any questions to Dua Vang-Ramirez, at 262-777-2090 or [dua@varietywi.org](mailto:dua@varietywi.org).