

VARIETY EQUIPMENT / THERAPY APPLICATION

11840 Westline Industrial Dr • Suite 220 • St. Louis, MO 63146
Therapy 314-720-7709, Equipment 314-720-7708, FAX 314-731-6866

CHECKLIST FOR VARIETY APPLICATION:

<u>For households that</u> <u>DO file taxes:</u>	<u>For households that</u> <u>DO NOT file taxes:</u>
✓ Completed application (pages 2-3)	✓ Completed application (pages 2-3)
✓ Current photo of child (optional)	✓ Current photo of child (optional)
<p>✓ Copy of <u>first two pages</u> of the:</p> <p>TWO MOST RECENT YEARS federal income tax return from the person(s) claiming the child as a dependent.</p> <p>Example: Pages 1-2 of years 2018 and 2019 tax returns showing your adjusted gross income on the bottom line of Page 1 and the top line of Page 2</p>	<p>✓ Copy of award letter</p> <p>If you do not have a copy of your award letter you can request one by visiting:</p> <p>www.socialsecurity.gov/myaccount or call toll free 1-800-772-1213 (TTY 1-800-325-0778)</p>
<p>✓ If your adjusted gross income is above \$85,000 you must also complete the monthly expenses chart on page 4 of this application</p>	

NOTICE: An incomplete application will delay the review process until all information (detailed above) has been received.

EQUIPMENT / THERAPY APPLICATION

Child's Information

Child's Name: _____

Birth Date: _____ Male/Female: _____

Social Security Number: _____

Child's Primary Diagnosis: _____

Additional Diagnoses: _____

Parent/Guardian's Information

Primary Guardian(s): _____

Relationship to child: _____

Primary Address: _____

City/State: _____ ZIP: _____

County: _____

Telephone: _____

Email: _____

*Your response to the following question is optional and will not affect the status of your application. The information requested is useful to Variety St. Louis for grant applications and other activities seeking additional funding for our assistance programs.

Department of Mental Health, Division of Developmental Disabilities ID# (MO residents only): _____

Or, if your child is enrolled in Missouri First Steps, please attach a copy of your child's MO First Steps IFSP, page 1.

Note: Neither a DMH-DD ID nor a First Steps IFSP are required to receive assistance from Variety, but it can help secure funding for services.

What is your child's race/ethnicity:

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic or Latino or Spanish origin	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Some Other Race	<input type="checkbox"/> Multi-Racial

Request

Nature of Request (Orthopedic Equipment, Wheelchair, Therapy, Etc.)

Are you currently working with an equipment company or therapist? Yes No

If yes, what is the name of the equipment company or therapy provider? _____

Household Income Information

Number of earners in the household: _____ Number of members in the household: _____

Earners #1's income per Year: \$ _____

Occupation and Current Employer: _____

Company Address: _____

How long have you been employed by this employer? _____

Earners #2's income per Year: \$ _____

Occupation and Current Employer: _____

Company Address: _____

How long have you been employed by this employer? _____

Describe any extraordinary expenses or special circumstances. Be specific as to the expense and anticipated duration of the circumstances.

Medical Personnel: (Primary Care Physician and/or Therapist)

Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____

School Child Attends: _____ **School District Child Attends:** _____

Names & Ages of Additional Children Residing in the Household:

Name	Age	Name	Age
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

How did you hear about Variety? _____

Assessments

The funding of equipment/therapy would not be possible without many individuals, companies, and foundations within the Greater St. Louis community who contribute to Variety. Our programs depend on these benefactors.

With that in mind, **you will be required** to complete a survey to report how your child’s piece of equipment/therapy has impacted his/her life, and that of your family.

Your responses will be critical to increasing funding for Variety programs; all responses will be kept confidential.

I acknowledge that I will be required to complete a survey if I am provided equipment / therapy.

Parent or Guardian Signature: _____

Printed Name: _____

Completed applications & financial documentation can be:

Mailed: 11840 Westline Industrial Dr, STE 220, St. Louis, MO 63146.
 Faxed: 314-375-9557 for equipment
 314-375-9556 for therapy
 Emailed: Misty@varietystl.org for equipment
Maureen@varietystl.org for therapy

An incomplete application will delay the review process until all information has been received (see checklist on page 1 of this application)

Fill this out ONLY if your adjusted gross income is OVER \$85,000

MONTHLY TAKE HOME INCOME

Earnar #1's take home income per month	\$ _____
Earnar #2's take home income per month	\$ _____
Social security	\$ _____
Child support/maintenance	\$ _____
Total monthly income (add the income lines above)	\$

MONTHLY EXPENSES

Home expenses	Mortgage/rent	\$ _____
	Phone	\$ _____
	Cable	\$ _____
	Other	\$ _____
Food expenses	Groceries	\$ _____
	Special dietary food/supplements	\$ _____
Child related expenses	Daycare/babysitting	\$ _____
	Other	\$ _____
Debt obligations	Student loans	\$ _____
	Credit card loans	\$ _____
	Bank loans	\$ _____
	Medical bills	\$ _____
	Child support paid/alimony paid	\$ _____
Transportation expenses	Car loans/public transportation costs	\$ _____
	Car insurance	\$ _____
	Gasoline	\$ _____
	Maintenance/repair	\$ _____
	Health insurance (plan and HSA)	\$ _____
Health care expenses	Therapy/doctor visits	\$ _____
	Medicine	\$ _____
	Medical supplies	\$ _____
	Other	\$ _____
	Other expenses	Donations/charitable giving
Savings/IRA		\$ _____
Extracurricular activities		\$ _____
Vacation		\$ _____
Entertainment		\$ _____
Personal (haircuts/toiletries/ gifts/etc.)		\$ _____
Petcare expenses		\$ _____
Other		\$ _____

Total monthly expenses (add the expense lines above) **\$**

Total monthly income (from above) **\$**

Subtract-

Total monthly expenses (from above) **\$**

Monthly Surplus (total monthly income - total monthly expenses) **\$**