



VARIETY APPLICATION

11840 Westline Industrial Dr • Suite 220 • St. Louis, MO 63146
Medical Equipment: 314-720-7708 Therapy: 314-720-7720 • F: 314-731-6866

Child's Information

Child's Name: _____

Birth Date: _____ Male/Female: _____

Child's Primary Diagnosis: _____

Additional Diagnoses: _____

Parent/Guardian's Information

Primary Guardian(s): _____

Relationship to child: _____

Primary Address: _____

City/State: _____ ZIP: _____

County: _____

Home: Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

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

What is your child's race/ethnicity:

- African American Asian/Pacific Islander Caucasian Eastern European
 Hispanic/Latino Native American Multi-Racial Other

Medical Supervisor: (List Name, Address and Telephone Number of Physician, Therapist or Others Involved in Treatment)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Request

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

Estimated Cost: \$ _____

Supplier: _____

If you have health insurance, list company name(s): _____

If insurance covers any portion of needed equipment, how much or what percent? _____

School or Program Child attends: _____ School District: _____

Names & Ages of Any Other Children Residing at Home:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
1.		3.	
2.		4.	

Household Income Information

Number of earner's in the household: _____ Number of members of the household: _____

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

Occupation and Current Employer: _____

Company Address: _____

How long have you been employed by this employer? _____

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

Occupation and Current Employer: _____

Company Address: _____

How long have you been employed by this employer? _____

Please provide copies of your most recent W-2 for each earner in the household as well as a copy of the first two pages of your most recent federal income tax return (Form 1040) or equivalent (award letter). These can be faxed to Misty Burton at 314-731-6866 or mailed to 11840 Westline Industrial Dr, STE 220, St. Louis, MO 63146.

If your adjusted gross income is over \$85,000 please also complete the detailed expenses section below.

MONTHLY INCOME

ALL Household Earner's Take Home Pay \$ _____

Child Support \$ _____

Maintenance \$ _____

Social Security \$ _____

Other Income – Pensions, Dividends, Rents, Relatives, etc. \$ _____

TOTAL ESTIMATED MONTHLY INCOME \$ _____

MONTHLY EXPENSES

Monthly Housing Payment (mortgage, rent) \$ _____

Monthly Utilities Payment (gas, electric, water) \$ _____

Monthly Car Payments \$ _____

Other Monthly Debt Payments

 Student Loans \$ _____

 Credit Card Loans \$ _____

 Bank Loans \$ _____

 Medical Bills \$ _____

Childcare Expenses (daycare, babysitting, etc) \$ _____

Therapy Expenses \$ _____

Medicine \$ _____

Special food for special diet for child(ren) \$ _____

Other significant monthly expenses (please specify) \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ESTIMATED MONTHLY EXPENSES \$ _____

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

If you receive aid from other sources such as Missouri Special Health Care Needs, Medicaid, Sara Lopez waiver, etc.) please list them here:

What is the estimated monetary value of this assistance annually: _____

How did you hear about Variety? _____

Parent or Guardian Signature: _____

Printed Name: _____

Assessments

The equipment that we provide will not be possible without the many generous individuals, companies, and foundations within the Greater St. Louis community who contribute to Variety. Our programs depend on the giving hearts of these benefactors. With that in mind, we will ask you to share with us how your child's piece of equipment has positively impacted his/her life, and that of your family.

Your responses will be critical to increasing funding for this important program, and all responses will be kept confidential unless you grant specific permission to share your identifying information. Please help us to help more children with physical and developmental disabilities by completing the assessment

I understand that I will be asked to complete an assessment as part of my Variety application if I am given equipment/services.

Parent or Guardian Signature: _____