

VARIETY APPLICATION

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

CHECKLIST FOR VARIETY APPLICATION:

For households that file taxes:

Completed 3-page application

Current photo of child
(optional)

Copy of first two pages of
YOUR MOST RECENT YEAR
federal income tax return from
the person(s) claiming the child
as a dependent. Example:
Pages 1-2 of year 2018 OR 2019
tax returns showing your
adjusted gross income on the
bottom line of Page 1 and the
top line of Page 2

If your ~~adjusted gross income
exceeds \$85,000~~ you must also
complete the monthly expenses
chart on page 4 of the
application

If your adjusted gross income is
below \$85,000 you do NOT need
to complete form on page 4

**To expediate your request,
please only complete the
sections in red. The
remaining information will
be collected at a later date.**

For households that DO NOT file taxes:

Completed 3-page
application

Current photo of child
(optional)

Copy of award letter
If you do not have a copy of
your award letter you can
request one by visiting
www.socialsecurity.gov/myaccount
or call toll free 1-800-772-
1213 (TTY 1-800-325-0778)

APPLICATION

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

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? _____

Household Income Information

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

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

Occupation and Current Employer: _____

Company Address: _____

How long have you been employed by this employer? _____

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

Occupation and Current Employer: _____

Company Address: _____

How long have you been employed by this employer? _____

IF YOUR HOUSEHOLD INCOME IS ABOVE \$85,000 PER YEAR, describe any extraordinary expenses or special circumstances. Be specific as to the expenses and anticipated duration of the circumstances.

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

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

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

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

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. _____	_____

How did you hear about Variety? _____

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 that will be provided.

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: _____

Printed Name: _____

Completed applications & financial documentation can be:

Mailed: 11840 Westline Industrial Dr, STE 220, St. Louis, MO 63146.

Faxed: 314-731-6866

Emailed: Misty@varietystl.org for equipment

Carolyn@varietystl.org for therapy

An incomplete application will delay the review process until all information (detailed on checklist) has been received

If your adjusted gross income is over \$85,000 please also complete this detailed worksheet

Monthly income

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

Monthly expenses

Home expenses	Mortgage/rent Utilities (electric/gas/water) 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 care expenses	Health insurance (plan and HSA) 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	\$ _____
Others	\$ _____

Total monthly expenses (add the above expense lines)

\$ _____

Total monthly income

\$ _____

Subtract-

Total monthly expenses

\$ _____

Surplus money monthly (total monthly expenses - total monthly income)

\$ _____