



Variety's Special Needs Program - APPLICATION

Child's Information

Child's Name			Date of Birth	
Address			City	
Province		Postal Code		
Phone		Email		
Diagnosis				
Have you previously received funding from us?	Yes	No	Year:	

Parent/Guardian Information

Parent/Guardian			Relationship		
Occupation			Gross Income	\$	
Living Situation: Own Rent Other	Marital Status	Married Single	Divorced/Separated Widow	Common-law	
Spouse/Common-Law			Relationship		
Occupation			Gross Income	\$	

Household Members

Name		Age		Relationship		Gross Income	\$
Name		Age		Relationship		Gross Income	\$
Name		Age		Relationship		Gross Income	\$

Simple Monthly Budget Sheet

Expenses	Rent/Mortgage/Utilities	\$
	Food&Personal Care	\$
	Clothing	\$
	Transportation	\$
	Vehicle Payment	\$
	Insurance	\$
	Child care costs	\$
	Medical costs not covered by insurance	\$
	Total Expenses	\$

Resources	Your Income	\$
	Secondary spouse/guardian income	\$
	Income from other family members	\$
	Child support/alimony	\$
	Disability benefits	\$
	E.I. benefits	\$
	W. C. B.	\$
	Canada Child Tax Benefit	\$
	Other	\$
	Total Resources	\$

Any Need. Any Child. Every Day.

Guidelines for completing
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Special Needs Program



List all the equipment or services for which financial assistance is being requested from the Variety:

Request No.1		Equipment/Service	
Vendor		First Estimate	
Vendor		Second Estimate	
Request No.2		Equipment/Service	
Vendor		First Estimate	
Vendor		Second Estimate	

	Website	Social Media	Newspaper	Word of Mouth	Referral Agency
Where did you hear about us?	Agency Name				
	Referral By			Title	
	Email			Relationship to child	

Other funding sources you have accessed.

Employer Extended Health Care Benefits	Yes	No	Amount of funding	\$
Other:	Yes	No	Amount of funding	\$

Calculation of Request for Financial Assistance

A) Estimated cost of equipment/service	*Write in amount from preferred vendor quote
B) Other Funding	*Write in amount
C) Total Remaining	*Line A - B = C

Please make sure to include the following when applying:

A letter or email telling us about your child, the family situation, what the need is and how our funds will help.

Proof of your child's age.

A recent (within 2 years) copy of a medical doctor's diagnosis of your child's disability or another clinician qualified to make a diagnosis (e.g., Psychologist). (please contact us if alternative options for this part are needed)

A letter from a third party (i.e. a social agency, therapist that helps with your child) supporting the request and giving an independent view of the family's situation.

Two estimates from the vendor(s)/service provider(s) on the cost of the item or therapy for which financial assistance is being requested. Please specify the hourly rate and number of hours of therapy required for a 6 month period. Please have the vendor give an official quote on their letterhead for any item or therapy requested. (where applicable one estimate may be sufficient)

A photo of your child, not required but encouraged (please email if possible)



RELEASE OF INFORMATION

I agree that **Variety, the Children's Charity of Manitoba** may:

- Contact vendors, once funding has been approved for the equipment and/or service being requested in this application, for the purpose of facilitating grant payments.
- Carry out inquiries and provide and release pertinent information for the purposes of confirming or clarifying the information submitted, processing this application or addressing an application.
- Use/publicly display the child's first name and photo or photographs in a card, brochure, and/or promotional pieces, grant amount and purpose of grant, for the benefit of raising awareness of Variety, the Children's Charity of Manitoba. This may be in print and/or electronic format.
- Arrange any future videotaping for use in promotional materials and have the right, among other things, to telecast this segment on any television station one or more times.
- Utilize and license others to use my name, portrait, picture and biographical material to publicize and advertise Variety, the Children's Charity of Manitoba, as well as other Variety activities, such as, but not limited to: broadcast, print and electronically. I understand that the purpose of the printed materials, electronic and/or television segments is for charitable purposes, and that I am not entitled to any remuneration.
- Contact me for the following purposes; to obtain feedback on the grant(s) I received from Variety, advise me of new information or services that may be of interest to me, solicit my view on services or policies affecting people with disabilities, and provide me with an opportunity to contribute to Variety.
 - Disclose any/all of the information in this application to such parties for the purposes set out above.

RELEASE AND WAIVER

I hereby release and indemnify and save harmless, on behalf of myself and the child referenced in this application, Variety, the Children's Charity of Manitoba and its employees, licensees, and the third parties referred to above from and against any and all expenses, claims, demands, liabilities, losses, costs, damages, actions, suits, any claim of infringement of publicity or privacy rights that I might otherwise have had in connection with the use of my likeness, or a representation of my likeness, or other proceedings of any nature or kind, whomsoever sustained, brought or prosecuted in any manner whatsoever relating to this application or any funding resulting here from, including without limitation based upon, occasioned by or attributable to the negligent act or omissions or the willful or reckless misconduct of the vendor/contractor in its fulfillment or utilization of the funds provided by Variety, the Children's Charity of Manitoba.

Variety, Children's Charity of Manitoba acts solely as a third party funder and as such has no role in: prescribing or recommending equipment; selecting a vendor/contractor; and the relationship between the parent and vendor/contractor. Payment from Variety, the Children's Charity of Manitoba is not an acknowledgment that the work or equipment is or will be acceptable.

CERTIFICATION

I _____ hereby agree to the above and acknowledge that I have read **Variety, the Children's Charity of Manitoba Special Needs Program Guidelines**. I certify that the information provided in this application is true, correct and complete to the best of my ability and the equipment/service has not been received.

Parent or guardian signature	Date
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- Please review this application form to ensure all information and supporting letters/documentation is provided.
- If any information is missing, this application will be returned for completion, resulting in a delay in processing your request.
- Ensure to keep a copy for yourself.

If you have any questions about this application or whether Variety, the Children's Charity of Manitoba funds certain equipment and/or service, you can contact Variety's Program Coordinator, Samantha Anderson, by email at sanderson@varietymanitoba.com, or 204-982-1050

Confidentiality Policy

Variety, the Children's Charity of Manitoba is committed to protecting the privacy and the confidentiality of the personal information collected by our organization, from our employees, donors, Variety's families and volunteers. Any release of information permitted herein shall be on the basis that the recipient shall treat such information in a confidential manner and in accordance with applicable privacy legislation and Variety, the Children's Charity of Manitoba shall not be responsible for the acts of such recipient.

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