



Variety's Special Needs Program - CONTINUED FUNDING REQUEST

Child's Information

Child's Name		Date of Birth	
Address		City	
Province		Postal Code	
Phone		Email	
Diagnosis			
When was the last time you received funding from us?			Year:

Parent/Guardian Information

Parent/Guardian		Relationship	
Occupation		Gross Income	\$
Living Situation: Own Rent Other	Marital Status	Married Single	Divorced/Separated Widow/Widower 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	\$



List all services that are being reapplied for:

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

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 from your family addressing how the service/therapy helped your child over the last 6 months of funding (Page 3)
- A letter of support from a third party who can speak to the progress they have witnessed over the funding period (Page 5)
- A progress letter from the provider who has been providing the service/therapy that speaks to the progress made over the funding period (Page 4)
- A Completed Continued Funding Form (Page 1 &2)
- One estimate from the service provider on the cost of service/therapy being requested. Please specify hourly rate and number of sessions for a 6 month period
- A photo of your child, not required but encouraged (please email if possible)



Parent's Letter:

(If you would like to include more or complete this in a different format such as email that is fine but you must ensure the 3 questions below are answered)

Child's Name:

Parent(s) Name(s):

1. Please speak to observed changes in your child over the last 6 months since receiving therapy.

2. How has the support for therapy helped your family (financially, mentally, overall) ?

3. Why is continued support for therapy needed for your child and your family?



Third Party Letter of Support:

(If you would like to include more or complete this in a different format that is fine but you must ensure the 3 questions below are answered)

Child's Name:

Third Party Name:

Therapy:

Length of Time Known Child:

1. What changes have you observed with this child in the last 6 months that was supported by therapy access?

2. What changes have you observed in the child's attitude or demeanor in the last 6 months?

3. What is your recommendation for therapy continuation and why it is still needed.



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.

Any Need. Any Child. Every Day.