



“My Bike” Program Application



“This bike is more than just three wheels, a handle bar and a seat. **It’s a doorway to freedom.**”

- Mary, mother of James (pictured above)

Variety Mission:

Variety the Children’s Charity provides children with disabilities unique programs, experiences, and equipment, so they may live life to the fullest. Variety works to ensure that children with disabilities can participate in the same activities as any other child, so they are not left out or left behind.

“My Bike” Program:

Variety’s “My Bike” Program provides adaptive bikes to children with disabilities who meet the eligibility guidelines. Variety’s “My Bike” Program serves eligible children within 15 counties in Western Pennsylvania and in 10 counties in West Virginia.

“My Bike” Eligibility:

To be eligible, the following criteria must be met:

1. Reside in Variety’s 15 county service area of Western Pa., including: Allegheny, Armstrong, Beaver, Butler, Cambria, Crawford, Erie, Fayette, Greene, Indiana, Lawrence, Mercer, Somerset, Washington and Westmoreland.
You may also reside in Variety’s 10 county service area in West Virginia.*
2. Have a physical, mental, and/or sensory disability documented by a physician.
3. Be 21 years of age or younger.
4. Submit completed “My Bike” application.
5. Applicant's household income must meet Variety’s “My Bike” Program income guidelines. Income verification will be required of all applicants.**

# Household Members	2	3	4	5	6	7	8
Household Salary	\$62, 920	\$79, 160	\$95, 400	\$111, 640	\$127, 880	\$144, 120	\$160, 360

–For each additional person, add \$16,240.

6. Submit a letter from a physical or occupational therapist / personal care physician indicating that an adaptive bicycle would be medically appropriate and therapeutic for the child and that a conventional bicycle would not be appropriate. The letter should also state the successful trial of a Rifton adaptive bicycle, size and color of bike as well as the adaptations necessary (**this can be completed after the application is submitted to Variety**).

*Variety’s “My Bike” West Virginia Program services eligible children in 10 counties, including: Barbour, Doddridge, Harrison, Marion, Marshall, Monongalia, Ohio, Preston, Taylor and Wetzel counties. For families residing in the West Virginia service area, please call Joshua Austin at (304) 400-8300 to start the application process.

**For families that do not meet the income guidelines, but are still interested in purchasing an adaptive bike at a discounted rate, please contact Shayna MacCleary at 412-747-2680.

How to Apply:

1. Read the application carefully and complete all information. PLEASE PRINT. An application that is not complete will be returned and will delay the process.
2. If you need help completing any part of this application, please contact Shayna MacCleary at 412-747-2680 or shayna@varietypittsburgh.org.
3. Attach copies of proof of all household gross income (before taxes and deductions) that reasonably represents your household's current income. If possible, all income documents should be dated within 60 days of the date you apply.

Proof of household income verification is listed below:

- **If a household member is employed:** One pay stub from the last 60 days for each person working in the household. Send more pay stubs if pay changes regularly. If you do not get pay stubs, submit a signed and dated letter from the employer on company letterhead which states the hourly rate, number of hours (regular and overtime) worked per pay, frequency of pay and gross pay. Bonus and commission information should be provided, as well. The employer's phone number and address should be included, in case we have any questions.
 - **If a household member is self employed:** Include the most recent federal income tax return and all related tax schedules and forms or submit a year-to-date profit and loss statement showing the business name, time frame being reported, gross income received, only business related expenses by line item, and the net profit. Please sign and date.
 - **If a household member is a seasonal or temporary employee:** Indicate the number of months worked during the year and if Unemployment Compensation is received when not working.
 - **If a household member receives Unemployment Compensation:** Submit the Notice of Financial Determination award letter or check stubs.
 - **If a household member receives Social Security, Survivor's or Disability benefits, retirement, pension, or Worker's Compensation:** Submit the most recent award letter, a Form 1099, or a bank statement which shows the direct deposits to a bank account.
 - **If a household member received child support or alimony:** Submit the support order or a copy of the payment history for the past 12 months. This can be obtained through the state child support enforcement agency or bureau. If neither is available, a signed and dated letter from the parent paying support or ex-spouse paying alimony is acceptable. These letters should state the monthly amount being paid and identify the children or spouse for which it is being paid.
4. When you have completed the application and gathered copies of all necessary supporting documentation, please sign and date the application and return it to Variety.

Tell us about the child applying for Variety's "My Bike" Program:

How did you hear / learn about Variety's "My Bike" Program?				
Last Name: (Child)		First Name: (Child)		Middle Initial:
Diagnosis (es):			MR Diagnosis?	Y N
Date of Birth:		Age:		
Street Address:			Apt.:	
City:	State:	Zip Code:	County:	
School District Child Resides In:				
Primary Insurance Company:		Secondary Insurance Company:		
Home Phone Number:		Work/Cell Phone Number: (circle)	Best time to call:	
Email Address:				

Bike Background:

Is your child able to ride a traditional 2 wheeled bicycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child ever been on an adaptive bicycle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Is your child currently working with a physical or occupational therapist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list therapist's name , organization and phone number:	

Income and Expenses: Please tell us about the income of any child or adult you have listed on this application. You must send us proof of income.

Earned Income includes income from a job or self-employment. You must send us proof of income. For example, a single pay stub for a person who routinely receives the same amount of wages each pay period is acceptable. If your income changes regularly, send us more income documents. All income documents must be dated within the past 60 days (except tax returns). Send copies — we cannot send originals back to you. Add an additional sheet of paper for additional earned incomes.

Does anyone have income from: Employment (wages, tips, commissions, bonuses) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the following fields:	
Whose income is this?	
Employer's Name:	How often is the income received? (weekly, bi-weekly, etc)
Does this income change? (for example, overtime, seasonal, etc) If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount received before taxes and deductions (gross amount):
Number of hours worked per month:	Number of hours worked per year:

Does anyone have income from: Employment (wages, tips, commissions, bonuses) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the following fields:	
Whose income is this?	
Employer's Name:	How often is the income received? (weekly, bi-weekly, etc)
Does this income change? (for example, overtime, seasonal, etc) If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount received before taxes and deductions (gross amount):
Number of hours worked per month:	Number of hours worked per year:

*****You must send us proof of income with this application.
Please send copies — we cannot send originals back to you.***

Income and Expenses: (continued)

Does anyone have income from: Employment (wages, tips, commissions, bonuses) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out the following fields:	
Whose income is this?	
Employer's Name:	How often is the income received? (weekly, bi-weekly, etc)
Does this income change? (for example, overtime, seasonal, etc) If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount received before taxes and deductions (gross amount):
Number of hours worked per month:	Number of hours worked per year:

Unearned Income: Includes income from retirement/pension plans, workers' compensation, social security, child support payments, and unemployment benefits. Add an additional sheet of paper for additional unearned incomes.						
Does anyone have income from: (Please check Yes or No).	Yes	No	Whose income is this?	How often is Income received? (weekly, bi-weekly, etc.)	Amount received before taxes & deductions	Does this income change? Yes No
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Pension/Retirement	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Dividends/Interest	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Child Support/Alimony	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Public Assistance	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Social Security (retirement, survivors, disability)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Rental Property (You pay someone to manage.)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>

Release of Liability:

In consideration of the receipt of certain enabling equipment awarded by
Variety the Children's Charity,

_____, (the Recipient thereof), him /
herself or through his/her parent or legal guardian, hereby releases and forever
discharges Variety the Children's Charity of Pittsburgh, Variety the Children's Charity
International, and Variety the Children's Charity of the United States, their members,
employees and officers (hereafter collectively referred to as "Variety") from and against
any and all claims, of any type, which arise from or are related to:

1. Any alleged malfunction of or defect in the enabling equipment;
2. Any allegation that the enabling equipment was not appropriate or suitable
for the Recipient;
3. Any other matter, of any type, related, in any way, to the Recipient's receipt
or use of the enabling equipment.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(Signature is required of all legal guardians.)

.....

I (We) stipulate that the information included in this application is true to the best of my
(our) knowledge. Further, I (we) understand that the presence of inaccurate information
in this application could result in the need for the re-evaluation of this application on the
part of Variety the Children's Charity.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(Signature is required of all legal guardians.)

Disclaimer:

Variety strives to provide adaptive bikes that are individually customized for eligible children, 21 years of age and under. The equipment we provide carries no warranty from Variety and its use, even in the event of malfunction resulting in injury, gives rise to no liability on the part of Variety. Variety is merely a funding source. Variety is in no way responsible for reclaiming, disposing of, maintaining, or repairing any equipment. It is the sole responsibility of the Recipient's legal guardian (s) to maintain, repair and/or dispose of the equipment. Any other costs that may be associated with the equipment such as installation, delivery, labor, disposal, etc. that are not explicitly stated on the application are the sole responsibility of the Recipient's legal guardian (s). All installations of equipment must be in compliance with applicable building codes. Variety is in no way responsible for ensuring compliance with any codes.

Before disbursement of any equipment, the legal guardian (s) of the Recipient must have this form signed, and returned to Variety.

I _____
(Legal Guardian's Name Printed)

(Legal Guardian's Signature)

am the Legal Guardian of

(Recipient's Name Printed)

.....
I have read and fully understand and agree to the above Disclaimer.

I _____
(Legal Guardian's Name Printed)

(Legal Guardian's Signature)

am the Legal Guardian of

(Recipient's Name Printed)

Authorization to Use Name and Likeness:

The Recipient and his/her parents or legal guardian hereby acknowledge and agree that acceptance of the enabling equipment from Variety may result in publicity. The Recipient and his/her parents or legal guardian hereby irrevocably authorize Variety: (a) to publicize and use the Recipient's likeness, voice and features, with or without his/her name, for any publication, promotion, trade or business use, or any other purpose; (b) to photograph, videotape, film and record each Recipient in any manner Variety chooses; (c) to copyright, convey or otherwise distribute, now or in the future, any such material involving the Recipient, his/her parents or legal guardian and that said material may be distributed to anyone, for any purpose, including the general public, magazines, newspapers, television, radio stations; (d) to publicize, now or in the future, the name of the Recipient including information regarding his/her physical condition and details regarding the enabling equipment received from Variety.

The Recipient and his/her parents or legal guardian agrees that it is not necessary for Variety or anyone else to contact them prior to releasing any information authorized by this document. The Recipient and his/her parents or legal guardian hereby releases Variety from and against any and all claims, of any type, which arise from or are related to Variety's use, distribution or disclosure of any photographs, films, videotapes, electronic recording or other information regarding the Recipient and the award from Variety.

Parent/Legal Guardian

Date

Parent/Legal Guardian

Date

(Signature is required of all legal guardians.)

*(Please note that your signature is not required on this form for the application to be considered by Variety the Children's Charity. **However, we do require photos of your child with their awarded equipment.** Please note that we will only publish photos of children authorized by families signing this release form. Other photos will be kept confidential. However, these photos enhance our fundraising efforts to secure additional funding from corporate sponsors, individuals, and community foundations to help children with disabilities and to continue our programs. Thank you).*

“My Bike” Program Application Checklist:

- Original copy of completed “**My Bike**” Application mailed to Variety office.
Only completed applications will be reviewed. Once the materials are received, you may expect to hear back from Variety the Children's Charity within approximately two to three weeks from receipt of your completed application, unless any part is incomplete or needs further information.
- Letter of Medical Justification from your child’s physical or occupational therapist / personal care physician stating that an adaptive bicycle would be therapeutically appropriate. This letter should state that the child has trialed a Rifton adaptive bike and the size, color and adaptations needed (**this can be completed after the application is submitted to Variety**).
- Signature on Release of Liability form, Affirmation of Truth Statement, Disclaimer.
- Authorization to Use Name & Likeness (signature optional).
- Signatures of all legal guardians, complete demographic data and total gross household income provided.
- If funding is approved, we do require photographs of your child with the equipment (preferably within a month of project completion). You may mail the pictures to the Variety office or submit them via email to shayna@varietypittsburgh.org.

Please return all documents to:

Variety the Children's Charity
Three Penn Center West, Suite 229
Pittsburgh, PA 15276
412-747-2680
Fax: 412-747-2681
E-mail: shayna@varietypittsburgh.org

If you have any questions, please contact
Shayna MacCleary at 412-747-2680
or by e-mail at shayna@varietypittsburgh.org.
Thank you for your interest in Variety’s “**My Bike**” Program.

Variety the Children’s Charity supports the American Academy of Pediatrics position that children must be provided with helmets (approved by the Consumer Product Safety Commission [CPSC]) and taught to wear them properly on every ride, starting when they get their first bike or tricycle. Please note that Variety does not provide helmets for the child.



“Literally, this was such a pain-free and easy process. Sometimes with children with disabilities, you have to fight to get that walker or wheelchair, and you set yourself up for a let down all the time. I just couldn’t believe how quick and easy the process was to get Trinity her bike.”

- Kelley Davis, Trinity’s Mom



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Fax: 412-747-2681**

www.varietypittsburgh.org



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www.twitter.com/varietypgh**



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