



HOW TO APPLY FOR HELP

Please write to us about your child and include the following information:

- Your name, parent or guardian:
- Your address:
- Contact phone number:
- Contact E-mail:
- Relationship to Child:
- Child's name:
- Child's age including date of birth:
- Child's diagnosis:
- Type of health insurance, please list all:
- List number of dependents in the family along with ages and names:

Please submit the following documentation along with the above information:

- Letter(s) of verification from professional(s) (therapist, doctor, social worker) who are most familiar with your child's needs. This letter should clearly describe your child's need for the equipment requested and how your child will benefit from using this equipment. Please include as much detail as possible and provide the contact information for the professional(s) such as e-mail address, phone number and mailing address.
- Letter from applicant with description of the child's situation and how Variety can help.
- Has the family ever received assistance from Variety in the past? If so, when and in what form?
- Include most recent tax return statement.
- A description of the equipment requested. Please include as much detail as you have available (e.g., brand name, additional components, etc.)
- Recent photo of the child.
- Release of Liability Form
- Disclaimer Form
- Authorization to Use Name and Likeness

Please your application must be completed to be considered by the Grants Committee

If you have any questions, please email Belinda Judson

Send all of the above to:

Variety of National Capital Region

Attn: Belinda Judson

1705 N Street NW

Washington, DC 20036

E-mail: bvj@natodc.com