



“My Bike” Program **West Virginia** 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 strives to enable children with disabilities to live life to the fullest and no longer be 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 10 West Virginia counties and in 29 counties in Western/Central Pennsylvania.

“My Bike” Eligibility:

To be eligible, the following criteria must be met:

1. Reside in Variety's 10 county service area in West Virginia, including: Barbour, Doddridge, Harrison, Marion, Marshall, Monongalia, Ohio, Preston, Taylor or Wetzel, or in its 29 county service area in Western / Central Pa.*
-Currently, Variety is only able to provide funding to a child living in a household with his/her parent or legal guardian (e.g. funding cannot be provided to a child living in a group home).
2. Have a physical, mental, and/or sensory disability documented by the child's current physical /occupational therapist, personal care physician, or a registered nurse.
3. Be between 4 through 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.**

# Of Household Members	2	3	4	5	6	7	8
Household Salary	\$63,720	\$80,360	\$97,000	\$113,640	\$130,280	\$146,920	\$163,560

—For each additional person, add \$16,640.

6. Submit a letter from the child's current physical / occupational therapist, personal care physician, or a registered nurse indicating that an adaptive bicycle would be medically appropriate and therapeutic for the child and that a conventional bicycle would not be appropriate (**see pages 12-13 for additional information**).
7. The successful trial of a Rifton adaptive bicycle, in which the child is individually fitted / evaluated and the bike size, color, and adaptations are decided (**this is the final step in the application process once everything else is completed—see page 14 for more details**).

*Variety's “My Bike” Program services eligible children in 22 Western Pa. counties (i.e. Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Centre, Clarion, Crawford, Erie, Fayette, Greene, Huntington, Indiana, Lawrence, Mercer, Somerset, Venango, Warren, Washington, and Westmoreland; and 7 Central Pa. counties (i.e. Cumberland, Dauphin, Juniata, Northumberland, Perry, Snyder, and York). For families residing in the Western / Central Pa. service area, please call Shayna MacCleary at 724-933-0460.

How to Apply:

1. Read the application carefully and complete all information. PLEASE PRINT.
2. If you need help completing any part of this application, please contact Variety at (304) 216-0203. Application assistance is also available locally at the Ohio County FRN 304-748-7850, or United Summit Center 304-623-5661.
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.
 - **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 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):			
Date of Birth:		Age:	
Street Address:			Apt.:
City:	State:	Zip Code:	County:
Name of School Child Attends:		Union Affiliation (if applicable):	
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?	
	<input type="checkbox"/>	<input type="checkbox"/>				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 parents / 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 parents / legal guardians).

Disclaimer:

Variety strives to provide adaptive bikes that are individually customized for eligible children between the ages of 4 and 21. 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 parent (s) / legal guardian (s) to maintain, and /or repair. **Should the equipment no longer be needed, Variety requests that the parent (s) / legal guardian (s) contact Variety for equipment to be returned.** 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 parent (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 parent (s) / legal guardian (s) of the Recipient must have this form signed, and returned to Variety.

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

I _____
(Parent / Legal Guardian's Name Printed)

(Parent / 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 guardians hereby acknowledge and agree that acceptance of the enabling equipment from Variety may result in publicity. The Recipient and his/her parents or legal guardians 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 guardians 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 guardians 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 guardians 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:

- Completed Variety’s “My Bike” Program Application in full and submitted.
- Copies of appropriate income verification information submitted.
- A letter from a physical or occupational therapist, personal care physician, or a registered nurse indicating that an adaptive bicycle would be medically appropriate and therapeutic for the child and that a conventional bicycle would not be appropriate (**see pages 12-13 for additional information**).
- Signature on Release of Liability form, Affirmation of Truth Statement, & Disclaimer.
- Authorization to Use Name & Likeness (*signature optional*).
- The successful trial of a Rifton adaptive bicycle, in which the child is individually fitted and the bike size, color, and adaptations are decided (**this is the final step in the application process once everything else is completed—see page 14 for more details**).
- Please note that Variety requires the applicant and his/her family to attend a scheduled presentation to receive the equipment in order to properly review all safety and equipment specifics.

Please return all documents to:

Variety the Children’s Charity
 11279 Perry Highway, Suite 512
 Pittsburgh, PA 15090
 Phone: 304-216-0203
 Fax: 724-933-0466
 E-mail: shayna@varietypittsburgh.org

If you have any questions, please contact
 Variety at 304-216-0203.

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.

Letter of Medical Justification Format:

The letter of medical justification for Variety's "**My Bike**" Program application may be completed by the child's current Physical Therapist, Occupational Therapist, Primary Care Physician, Neurologist or any other physician who is working with your child for their disability.

Variety the Children's Charity asks that this letter state:

- The reasoning behind requesting this equipment (i.e. a Rifton adaptive bike).
- Why this equipment would be medically appropriate and therapeutic for the child.
- The child's current height, weight and inseam measurement (this helps Variety determine what size bike might be appropriate).
- Whether or not the child has trialed a Rifton adaptive bike.

If the applicant has never trialed a Rifton adaptive bike with a medical professional then a "**My Bike**" fitting / evaluation will need to take place. Once it is determined that your child will need to be fitted / evaluated on a Rifton adaptive bike, Variety will contact you as soon as a fitting / evaluation is scheduled that your child is eligible to attend.

Letter of Medical Justification Example:

Date: January 4, 2014

Child's Name: John Smith D.O.B: March 3, 2007

Diagnosis (es): {listing of child's diagnosis}

Equipment Prescribed: Rifton Adaptive Bicycle

Child's Height, Weight, Inseam Measurement: {listing of child's height, weight and inseam measurement—see page 5 for how to determine inseam}

Medical Necessity/Reasoning for Equipment (please individualize this for your client): Because of the above listed diagnosis, the patient is unable to complete the balance and coordination necessary to propel a standard bicycle. An adaptive tricycle is being recommended to increase patient's lower body strength and endurance. The tricycle will also provide the patient the ability to practice gross motor skills, improve coordination and increase social interaction with peers.

I also feel that this patient has the mental capabilities of operating the Rifton Tricycle safely and in such a manner that will be beneficial to their overall health and well-being.

For all of the above listed reasons, we recommend a Rifton Adaptive Bicycle.

Please select Option 1 or 2 below. If selecting Option 2, please complete the follow up information requested below.

Option 1 Has Not Tried a Rifton Adaptive Bike and Needs to be Fitted

Option 2 Has Tried a Tifton Adaptive Bike and Needs the Following Adaptations

Rifton Bicycle: Small Medium Large

Seat Size: Small Large

Handlebar: Conventional Loop

Back Support: Trunk Support w/ Contoured Headrest

Backrest Pad

Handbrake: (not available for small, included w/ large)

Abductor: Small Medium Large

Rear Steering Bar: Small/Medium Large

Guide Bar: Yes

Stationary Stand: Yes

Additional Backrest Pad Yes

Color: Blue Lime Green Red Raspberry/Pink

Signature

Date

Adaptive Bike Fitting / Evaluation Details:

As part of Variety's "My Bike" Program application process, it is required that every child be individually fitted and evaluated on a Rifton bike. This fitting and evaluation can either be completed by the child's current physical therapist, occupational therapist, primary care physician, or registered nurse. Otherwise the child must attend a scheduled "My Bike" fitting.

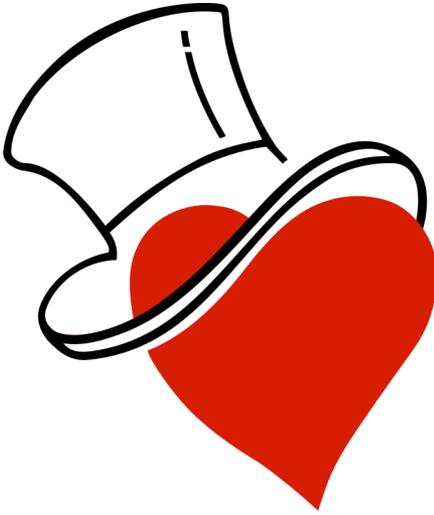
Fitting / Evaluation Requirements:

- The parent/legal guardian must be present with the child at the fitting / evaluation and have the ability to assist the child on and off of the Rifton bike. Verbal support will be provided to you in this process.
- For safety purposes, it is required that all children bring a bike helmet to wear while riding the bike. If a child is living with a sensory issue and is unable to wear a helmet, they may not be eligible for the equipment.
- The parent / legal guardian is asked to please wear comfortable shoes to fitting / evaluation (i.e. tennis shoes) in order to keep up with the child on the equipment.

There are four steps that are very important to learn about during a fitting / evaluation:

1. The stationary brake;
2. The lap belt;
3. The pedal foot straps;
4. Speed control and safety.

Variety wants you to understand the importance of child safety on the bike, therefore it is important to know that aside from the hand brake, you are your child's means of breaking from behind the bike. The parent / legal guardian should always be within close proximity while the bike is in use.



varietyTM
the children's charity



“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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