

2016 Kidd's Kids Nomination Application

About Kidd's Kids:

Kidd's Kids is a program of the Kraddick Foundation, a non-profit 501©3 organization. Our mission is to elevate the quality of life through human enrichment experiences for families that have children with life-altering conditions. Each year, Kidd's Kids takes these children and their families on a fun-filled all expenses paid trip to Walt Disney World along with the cast from the nationally syndicated radio show, The Kidd Kraddick Morning Show.

Nomination Criteria:

1. The child must be between the ages of 5 and 12 years old at the time of the trip.
2. The child's illness or disability must be one of the following: Be diagnosed with a chronic/terminal illness OR be physically challenged OR have an impairment due to a birth defect or accident/injury.
3. The child and their family must reside in a Kidd Kraddick Morning Show radio listening area. "Listening area" is defined by being able to listen to the show on the radio in the child's home city.
4. The child's family must show a financial need (being otherwise unable to afford a trip of this nature).

The Nomination Application for the 2016 Kidd's Kids Trip to Walt Disney World consists of a six-page application and a one-page medical questionnaire. **Please complete the application in black or blue ink and write legibly.** Answer each question to the best of your ability and as honestly as possible. Ensure that you have completed each section of the application before submitting. The medical questionnaire should be completed by the child's physician and sent to Kidd's Kids.

Application Checklist:

Before you submit the application, please ensure that you have:

- Fully completed each section of this application (there are six pages consisting of 9 sections)
 - Included a photocopy of the nominated child's birth certificate to verify age
(or the child's most recent shot record can be used in lieu of a birth certificate)
 - (Optional) - Include a photo of the nominated child (via mail or email) do NOT fax photos
 - Included a photocopy of the first two pages of the family's most recent income tax return
 - Entered an email address for the parent/guardian (on page 1, section 2 of the application)
 - Application signed by child's parent or legal guardian (on page 6, section 9 of the application)
 - Given the medical questionnaire to the child's physician to be completed
 - Submitted the application AND medical questionnaire before Friday, July 8, 2016
 - Submitted any letters of support or other supporting documentation before Friday, July 8, 2016
 - If applying for more than one child, please complete a separate application for each child
 - DO NOT STAPLE the application or supporting documentation OR send folders/binders
 - Only submit the application ONE TIME (either via email, fax, or postal/other mail service)
- (You will receive a confirmation email to confirm receipt of the application and all necessary documents)**

If selected to attend the 2016 Kidd's Kids Trip to Walt Disney World, the selected child and their family are invited to join us on the trip. The selected child's "FAMILY" is defined as parent(s) or legal guardian(s) who reside in the child's household and siblings of the child who also reside in the household and are between the ages of 5 and 18 years of age. If selected, your family will be ineligible to attend any future Kidd's Kids Trips.

The deadline for submitting the 2016 Kidd's Kids Nomination Application is Friday, July 8, 2016

**Mailing Address: Kidd's Kids – ATTN: Applications 2016
220 E. Las Colinas Blvd, Suite C-210, Irving, TX 75039
(972) 432-8595 (P) | (214) 853-5212 (F) | Lyndsay@KraddickFoundation.com
For more information, please visit www.KiddsKids.com**

This application will be considered without regard to race, color, religion, national origin, sex, sexual orientation, or marital status. If you have any questions regarding this application, please contact us.

Section 3: Family Member Information

Please list all "Family Members" who live in the same household with the nominated child and their relationship to the child. "Family Members" are defined as the child's parent(s)/legal guardian(s) and siblings (between the ages of 5 and 18 years of age) who currently reside in the child's household. **Only those "Family Members" that are eligible and listed below on this form will be invited to attend the trip, if the child is selected.** All sections for each "Family Member" must be complete (Full legal name, relationship, age, and date of birth). Add additional family members as needed. All family members, over the age or 18 years of age must have a US Government issued ID in order to attend the trip.

<u>Full Legal Name (First, Middle, Last)</u>	<u>Relationship To Child</u>	<u>Age</u>	<u>Date of Birth</u> (month/day/year)
_____	Nominated Child (Self)	____	_____
_____	Parent/Guardian #1 (_____)	____	_____
_____	Parent/Guardian #2 (_____)	____	_____
_____	Sibling # 1 (Sister)(Brother)(Other ___)	____	_____
_____	Sibling # 2 (Sister)(Brother)(Other ___)	____	_____
_____	Sibling # 3 (Sister)(Brother)(Other ___)	____	_____

Total Number of "Family Members" living in household and listed above (including nominated child): _____

Section 4: Medical Information

What is your child's medical condition? _____

Please give us a short description of your child's medical condition: _____

Please list any medications your child is currently taking: _____

Please give us a short description of the medical treatment or attention your child is currently receiving: _____

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What do you have to do to care for your child? _____

Does your child have any travel restrictions? Yes No

If yes, please explain _____

Does your child utilize a wheelchair? Yes No

If yes, they use it: all of the time on occasion only for distance

If your child uses a wheelchair for distance (or when they get tired), can they use a wheelchair that is provided at the hotel or parks without bringing the wheelchair on the trip? Yes No

Will you bring your child's wheelchair on the trip? Yes No

If you are bringing your child's wheelchair on the trip, is it Manual or Electric?

Will your child require a wheelchair accessible room at the hotel? Yes No

Does your child require other special medical equipment for their care or comfort? Yes No

If yes, what type(s) of equipment? _____

Will your child require the use of oxygen while on the trip (hotels/parks)? Yes No

Will your child require oxygen on the plane while in flight? Yes No

If Oxygen is needed, please explain: _____

Does your child require a 24-Hour nurse/caregiver that is a non-family member? Yes No

If yes, will you need this 24-hour nurse/caregiver on this trip with you? Yes No

If yes, what kind of help will they provide for your child? _____

Other than the applicant, are there any immediate family members, residing in the same household as the Child, who have an illness or disability? Yes No If yes, please list name, relationship, and illness:

Name	Relationship	Illness/Disability	Care Needed
_____	_____	_____	_____
_____	_____	_____	_____

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Name of child's primary doctor: _____

Phone number(s) of primary doctor: _____

Name of the hospital where child receives care: _____

Names of other doctors, nurses or child life specialists who regularly see your child:

<u>Name</u>	<u>Position</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

Section 5: Employment and Income Information

Name of Parent/Guardian's employer: _____

Job Title/Position: _____

Work Address: _____

Work Phone Number: _____ Length of Time with Current Employer: _____

Name of Parent/Guardian's employer: _____

Job Title/Position: _____

Work Address: _____

Work Phone Number: _____ Length of Time with Current Employer: _____

Annual Household Income: _____

(Please attach a copy of the first two pages of the family's most recent tax return)

Section 6: Insurance Information

Parent/Guardian's Medical Insurance Provider: _____

Parent/Guardian's Medical Insurance Provider: _____

Does your child have medical insurance? ____ Yes ____ No

If yes, what is the name of the private insurance agency? _____

What is the name of the employer providing group health insurance? _____

Does Medicaid cover the child? ____ Yes ____ No

Does the child receive any disability payments? ____ Yes ____ No

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Section 7: Other Trips/Wish Granting Organizations Information

Has your child ever received a wish from any organization/company? Yes No

If Yes, what year? _____

If yes, what wish/wishes has your child received? _____

If yes, what organization granted the wish/wishes? _____

Is your child on any other list for a trip to Disney World or anywhere else? Yes No

If yes, what list/organization is your child on? _____

If yes, how long has your child been listed? _____

Have you applied to have a wish granted before from other organizations? Yes No

If yes, what was the wish and organization? _____

Was the wish granted? Yes No – AND If No, Is the wish still pending? Yes NO

Has your child ever visited Disney World? Yes No AND If yes, what year? _____

Has your child ever been on a Kidd's Kids trip? Yes No If yes, what year? _____

Has anyone listed in your family been on a Kidd's Kids Trip? Yes NO

If Yes, Who? _____ AND What Year? _____

Where did your family go on their last vacation? _____

When was this vacation? _____

Section 8: Kidd's Kids Trip Information

If selected for the trip, would your family be able to travel **November 17th – 21st, 2016**? Yes No

Have you received a trip/or offer for a trip to Disney World from any other organization? Yes No

Would a trip to Disney World be possible for your child without the help of Kidd's Kids? Yes No

Have you submitted an application to Kidd's Kids before? Yes No

If yes, what year(s)? _____

Is anyone in the nominated child's immediate family currently involved in litigation? Yes No

If yes, briefly explain? _____

Section 9: RELEASE

I hereby certify that the information I have provided in this application is true, correct and complete. I hereby authorize The Kraddick Foundation, also known as Kidd's Kids, or anyone acting on their behalf, to investigate the statements made in this application, any references provided herein, and to conduct any investigation regarding the existence of any record of criminal offenses committed by any individual 13 years of age or older who will or may accompany the child nominated in this application on the trip or at any event associated therewith, and further authorize the release of such information without liability to Kraddick Foundation, its affiliates and subsidiaries, and their respective officers, directors, employees, agents, successors, and assigns, or any person acting under their authority. **I HEREBY WAIVE, RELEASE AND DISCHARGE THE KRADDICK FOUNDATION, ITS AFFILIATES AND SUBSIDIARIES, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, SUCCESSORS, AND ASSIGNS, OR ANY PERSON ACTING UNDER THEIR AUTHORITY (RELEASEES) FROM ANY LIABILITY ARISING FROM THE RELEASE OF SUCH INFORMATION, INCLUDING ANY LIABILITY THAT MAY ARISE FROM A NEGLIGENT ACT OR OMISSION OF RELEASEES.**

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date



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*****CONFIDENTIAL*****
KIDD'S KIDS MEDICAL QUESTIONNAIRE

TO BE FILLED OUT BY THE CHILD'S PARENT/LEGAL GUARDIAN:

Name of Child

Name of Parent/Legal Guardian

Mailing Address, Street

City

State

Zip

Email

I consent to the release of medical information to Kidd's Kids, understanding that Kidd's Kids will respect the confidential nature of the information given by my child's physician.

Signature of Parent or Legal Guardian

TO BE FILLED OUT BY THE CHILD'S PHYSICIAN:

Kidd's Kids is a program of the Kraddick Foundation, a 501(c) (3) non-profit organization that takes children with special medical needs to Walt Disney World. Applicants must be between the ages of 5 and 12, suffer from a chronic or terminal illness, are physically challenged or have a catastrophic impairment due to an injury, accident or birth defect. The children selected for the trip must also demonstrate a financial need and live in a Kidd Kraddick Morning Show listening area. Your patient has applied for this trip, please answer the questions below and send this form to Kidd's Kids as soon as possible. **The submission deadline for the 2016 Trip is Friday, July 8, 2016.**

1. What is this child's primary diagnosis? _____

2. This is: ____ a life-threatening illness ____ a life-altering illness.

3. To your knowledge have they received any other trips or wishes? ____ Yes ____ No

4. Do you feel it is safe for this child to participate in a five-day trip to Walt Disney World? ____ Yes ____ No

5. In your professional opinion, what is the estimated developmental age of this child? _____

6. Will a trip November 17th – 21st of 2016 interfere with medical treatments? ____ Yes ____ No

If yes, please explain: _____

7. Will this child require oxygen: ____ While on the plane during flight ____ While on the trip at hotel/parks

8. Does this child function well within a group environment/setting? ____ Yes ____ No

9. Please indicate any additional comments/medical requirements/helpful information: _____

Printed Name of Physician

Signature of Physician

Phone Number

Email Address

ATTENTION PHYSICIAN: PLEASE FAX OR EMAIL TO KIDD'S KIDS
Attn: Lyndsay Davis (214) 853-5212 (F) OR Lyndsay@KraddickFoundation.com

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