

2020 Kidd's Kids Teen Trip 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 provide hope and happiness by creating beautiful memories for families of children with life-threatening and life-altering conditions.

About the Kidd's Kids Teen Trip:

The 2020 Kidd's Kids Teen Trip will take place Wednesday, November 18th – Tuesday, November 24th, 2020 at the Give Kids The World Village in Central Florida. Give Kids The World Village is a 79-acre resort that exists only for the fulfillment of wishes granted to children who have been granted a wish through a partnering wish-granting organization. The child and his/her family are provided accommodations, meals, entertainment, and theme park tickets to the world-famous attractions of Central Florida. This trip will include three (3) days at Walt Disney World, two (2) days at Universal Orlando, and one (1) day at SeaWorld Orlando. More information can be found at www.GKTW.org.

**Please note: The Kidd's Kids Teen Trip is a separate event from the Kidd's Kids trip for children ages 5 - 12. This year, both trips will overlap. All teen trip families will stay at Give Kids The World Village.*

Nomination Criteria:

1. The child must be between the ages of 13 and 18 years old at the time of the trip.
2. The child must be diagnosed with a life-threatening and/or terminal illness as determined by an attending physician. Documentation is required.
3. The child's family must show a financial need (being otherwise unable to afford a trip of this nature).
4. 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 Kidd Kraddick Morning Show on the radio in the child's home city. A list of Kidd Kraddick Morning Show cities can be found at www.KiddNation.com.

The Nomination Application for the 2020 Kidd's Kids Teen Trip consists of a six-page application, a one-page medical questionnaire, and a one-page medical authorization form. **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 and medical authorization forms 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:

- ___ Fully complete each section of this application (there are six (6) pages consisting of nine (9) sections)
- ___ Include 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)
- ___ Include a photo of the nominated child (via mail or email) do NOT fax photos
- ___ Include a photocopy of the first two pages of the family's most recent income tax return
- ___ Give the **medical questionnaire and medical authorization** to the child's physician to be completed
- ___ Submit the application AND medical questionnaire/authorization before **July 10, 2020**
- ___ Submit any letters of support or other supporting documentation before **July 10, 2020**
- ___ 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
- ___ **KIDD'S KIDS WILL NOT ACCEPT PHOTOS OF DOCUMENTS***. You must either scan to a pdf and email, or fax, or mail documents to our office. (*i.e. do NOT take a photo of the application pages on your phone and send)
(You will receive a confirmation email to confirm receipt of the application and all necessary documents)

If selected to attend the 2020 Kidd's Kids Teen Trip, the selected child and their family are invited to join us on the trip. The selected "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 4 and 18.

The deadline to submit a 2020 Kidd's Kids Teen Trip Nomination Application is Friday, July 10, 2020.

**Mailing Address: Kidd's Kids – ATTN: Teen Trip Application
220 E. Las Colinas Blvd, Suite C-210, Irving, TX 75039
(972) 432-8595 (P) | (214) 853-5212 (F) | Lyndsay@KiddsKids.org**

CONFIDENTIAL KIDD'S KIDS APPLICATION

Page 2 of 6

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 who currently reside in the child's household who are between the ages of 4 and 18. **Only those family members who are eligible 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 must have a United States 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: _____

CONFIDENTIAL KIDD'S KIDS APPLICATION

Page 3 of 6

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?

Can your child transfer from their wheelchair and sit on their own in a seat or ride? ____ 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
_____	_____	_____	_____
_____	_____	_____	_____

CONFIDENTIAL KIDD'S KIDS APPLICATION

Page 4 of 6

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

Section 7: Other Trips/Wish Granting Organizations Information

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

*Note: We run all applicant names through the Give Kids The World database of children who have received a trip to Walt Disney World and/or other Central Florida attractions through another wish granting organization.

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 Central Florida 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, Universal Orlando, or SeaWorld Orlando? Yes No

If yes, what year(s) and which theme park(s)? _____

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

Has your child ever been to Give Kids The World Village? Yes NO If yes, 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 18th – 24th, 2020**? Yes No

Have you received a trip/or offer for a trip to Disney World, Universal Orlando, or SeaWorld Orlando from any other organization? 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? _____

CONFIDENTIAL KIDD'S KIDS APPLICATION

Page 6 of 6

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**

Please read and initial the following statements:

_____ I agree that all adults 18+ listed on this application has or will have a valid *United States* issued photo ID or passport that complies with the Real ID Act, which takes effect on October 1, 2020. Visit www.dhs.gov/real-id for more information.

_____ I understand that if I have a child under the age of 4, they will not be invited to attend the Kidd's Kids Trip. In the event my family is selected, I will make arrangements for them to stay with a family member or friend while we are out of town.

Kidd's Kids
220 E. Las Colinas Blvd, Suite C-210, Irving, TX 75039
(972) 432-8595 (Main Office) | (214) 853-5212 (Fax)
Lyndsay@KiddsKids.org www.KiddsKids.org

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.

*****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 Give Kids The World Village in Central Florida. Applicants for the Kidd's Kids Teen Trip must be between the ages of 13 and 18 and be diagnosed with a life-threatening and/or terminal illness as determined by an attending physician. Your patient has applied for this trip, please answer the questions below and send this form to Kidd's Kids. **The submission deadline for the 2017 Kidd's Kids Teen Trip is Friday, March 24, 2017.**

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

2. Is this a life-threatening illness? _____ YES _____ NO

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 six day trip to central Florida? _____ Yes _____ No

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

6. Will a trip June 1st – 7th of 2019 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 the 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 Kotzot (214) 853-5212 (F) OR Lyndsay@KiddsKids.org

Kidd's Kids | 220 E. Las Colinas Blvd. | Suite C-210 | Irving, TX 75039 | (972) 432-8595 (P)

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Medical Authorization

Wish Child

<i>First Name</i>

<i>Last Name</i>

<i>Arrival Date</i>

As the physician for _____,
Please print wish child's name

I, _____, MD.,
Please print physician's name

am familiar with the physical condition of the above named child and am of the opinion that the condition of the above named child has a life-threatening and/or terminal illness. I have explained to the above named child's parent(s) or legal guardian(s) the medical condition of the above named child. I have discussed with the parent(s) or legal guardian(s), the risks involved (both physically and mentally), by participation by the above named child in fulfillment of the wish (as it was explained to me and as hereinafter described). I have instructed them as to who to call in the event medical assistance is needed and how to handle medical emergencies.

As long as the parent(s) or legal guardian(s) take sufficient precaution to protect the above named child in accordance with my instructions to them, I am of the opinion that participation in the wish described to me by the above named child will not present medical risks to him/her sufficient to prevent my recommendation he/she participate in the following wish which will involve traveling to Florida for approximately a week and spending most of each day out of doors visiting tourist attractions.

Description of wish

Travel to Central Florida to visit theme parks and attractions

Signature of Witness

Physician's Signature

Date

Date

Physician's Office Address

Physician's Office Phone

Physician's Emergency Phone