

# 2019 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 provide hope and happiness by creating beautiful memories for families of children with life-threatening and 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 Kidd Kraddick Morning 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 2019 Kidd's Kids Trip to Walt Disney World consists of a six-page application, a one-page medical questionnaire, and a one-page medical authorization. **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 should be completed by the child's physician and sent to Kidd's Kids. **The 2019 Kidd's Kids trip will take place November 21<sup>st</sup>– 25<sup>th</sup>, 2019.**

## Application Checklist:

Before you submit the application, please ensure that you:

- \_\_\_ Fully complete each section of this application (there are six pages consisting of 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
- \_\_\_ Enter 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)
- \_\_\_ Give the **medical questionnaire and medical authorization** to the child's physician to be completed
- \_\_\_ Submit the application AND medical questionnaire/authorization before **Wednesday, July 10<sup>th</sup>**
- \_\_\_ Submit any letters of support or other supporting documentation before **Wednesday, July 10<sup>th</sup>**
- \_\_\_ 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 2019 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 4 and 18 years of age.

**The deadline for submitting the 2019 Kidd's Kids Nomination Application is Wednesday, July 10, 2019**

**Mailing Address: Kidd's Kids – ATTN: Applications 2019  
220 E. Las Colinas Blvd, Suite C-210, Irving, TX 75039  
(972) 432-8595 (Main Office) | (214) 853-5212 (Fax) | Lyndsay@KiddsKids.org  
For more information, please visit [www.KiddsKids.org](http://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.

## Frequently Asked Questions

**Q: Can I nominate a family as a surprise?**

A: The short answer is no. Due to the nature of the information required, the nominated child's parent(s) or legal guardian(s) MUST be the one to fill out the application. Please send the Kidd's Kids application to the family you wish to nominate.

**Q: What is a letter of support, and is it required?**

A: A letter of support is a letter that can be written by anyone in the nominated child's life (i.e. nurse, teacher, therapist, family friends, family members). Letters of support do not necessarily help or hurt an applicant, they just give some more information about the child and family being nominated. The child's parent(s) may also write a letter if they wish to expand on any information listed in the application.

**Q: What is the income requirement cutoff?**

A: The income information is only a small part of the application process, and there is not a "set" cutoff amount. The selection committee takes into account ALL parts of an application when making a decision.

**Q: I don't file taxes. What income information should I submit?**

A: If you do not file taxes and receive disability payments, please include a copy of your Social Security Award Letter.

**Q: Why can't I bring my child's sibling who is under the age of 4?**

A: This is a liability issue. Our insurance policy will not cover our Kidd's Kids staff and medical staff to be responsible for children under the age of 4.

**Q: Does my child's grandparent, aunt/uncle, cousins, etc. qualify as a family member to be included on the Kidd's Kids Trip?**

A: Family members invited to attend the Kidd's Kids Trip are the nominated child's parent(s)/legal guardian(s), and siblings living in the household between the ages of 4 and 18. Kidd's Kids does not cover the costs of extended family members.

**Q: When and how will I be notified if my family has been selected?**

A: All applicants will be notified via a letter in the mail by September 6, 2019.

**Q: My child has been to Walt Disney World through another wish-granting organization. Do we still qualify for Kidd's Kids?**

A: If a child has already been to Walt Disney World or a Disney Cruise through another wish-granting organization, then they do NOT qualify for Kidd's Kids.

**Q: I am nominating siblings for Kidd's Kids. Do I need to complete separate applications?**

A: Yes, you will need to complete one application for each child being nominated.



## Kidd's Kids 2019 Nomination Application (Confidential)

### Please Tell Us:

How did you find out about Kidd's Kids? \_\_\_\_\_

What market/city is the Kidd Kraddick Morning Show heard on in your area? \_\_\_\_\_

What Radio Station? \_\_\_\_\_

### Section 1: Nominated Child's Information

Name of child: \_\_\_\_\_  
**First Middle Last**

Address of child: \_\_\_\_\_  
**Street Address Apt # City/State/Zip Code**

Sex of the Child: \_\_\_\_\_ Female \_\_\_\_\_ Male

Birthdate: \_\_\_\_\_  
**Month/Day/Year Age Grade Level Developmental Age**

*(Attach a copy of the nominated child's birth certificate or most recent shot record to show proof of age)*

### Section 2: Parent or Legal Guardian's Information

Name of Parent/guardian completing application: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Legal Guardian \_\_\_\_\_ Other, Specify: \_\_\_\_\_

Address: \_\_\_\_\_  
**Street Address Apt # City/State/Zip Code**

Phone Numbers: \_\_\_\_\_  
**Cell Work Home**

**Email Address** *(you will receive a confirmation email once your application has been processed by Kidd's Kids)*

The nominated child currently resides with: Parent(s): \_\_\_\_\_ Both \_\_\_\_\_ Mother \_\_\_\_\_ Father  
\_\_\_\_\_ Legal Guardian(s) \_\_\_\_\_ Other Relative: \_\_\_\_\_

*(Please ensure that a parent or guardian signs the last page of this application)*

**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 4 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 of 18 years of age 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?

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
_____	_____	_____	_____
_____	_____	_____	_____

**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

**CONFIDENTIAL KIDD'S KIDS APPLICATION**

Page 5 of 6

**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 anyone listed on this application ever been on a Kidd's Kids trip?  Yes  No

If yes, what year? \_\_\_\_\_

Has your child ever stayed at **Give Kids The World Village\*** in Orlando, FL?  Yes  No If yes, what year? \_\_\_\_\_

\*Kidd's Kids verifies all prior Walt Disney World wishes with Give Kids The World. If a child has already been to Disney World through another wish-granting organization, they will NOT qualify for Kidd's Kids.

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 21<sup>st</sup> – 25<sup>th</sup>, 2019**?  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)? \_\_\_\_\_

Have you ever been placed on the **alternate list** for Kidd's Kids?  Yes  No If yes, what year? \_\_\_\_\_

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 have a valid *United States* issued photo ID or passport.

\_\_\_\_\_ 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.

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

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 2019 trip is Wednesday, July 10, 2019.**

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 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 21<sup>st</sup> – 25<sup>th</sup> 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 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 Kotzot (214) 853-5212 (Fax) OR Lyndsay@KiddsKids.org

**COMPASSION PROGRAM  
210 SOUTH BASS ROAD  
KISSIMMEE, FL 34746**

**MEDICAL AUTHORIZATION**

Diagnosis: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

As the primary physician for \_\_\_\_\_,  
I, \_\_\_\_\_, M.D., am familiar with the physical condition of  
the above-named child and am of the opinion that the above-named child has a life-threatening  
illness/condition. 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 should be contacted in the  
event medical assistance is needed and how to handle medical emergencies.

**DESCRIPTION OF WISH**

Travel to Central Florida to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
PRINT PHYSICIAN'S NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN'S OFFICE ADDRESS

\_\_\_\_\_  
PHYSICIAN'S OFFICE PHONE